

Utah's Division of Child and Family Services

Northern Region Report

Qualitative Case Review Findings

Review Conducted

March 23-26, 2009

A Report by

The Office of Services Review, Department of Human Services

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I. Introduction

The Northern Region Qualitative Case Review for FY 2009 was held the week of March 23-26, 2009. Reviewers were selected from the Office of Services Review, the Division of Child and Family Services, community partners and other interested parties. Reviewers included two out-of-state individuals from the Children's Hospital in Philadelphia. In-state review partners included four members of the Region's Quality Improvement Committee (QIC), four former Foster Care Citizen Review members, and individuals from Fostering Healthy Children, Office of the Public Guardian, Bureau of Internal Review and Audit, Court Appointed Special Advocates (CASA), and the Assistant Attorney General's office.

The Office of Services Review received the following comments from the Philadelphia reviewers regarding their experience participating in the Northern QCR:

"The process is remarkable. I'm still awestruck by so many aspects of our review! It was certainly beneficial for us to breathe some life into the prospect of having a functioning and accountable system. The process definitely ramped up our thinking caps to start getting creative around ways we can try new things here. My experience there will resonate greatly on my career and work...in child welfare."

"You taught me an invaluable amount about the QCR process and Utah's child welfare system. In a field that can often seem grim, it was great to head home with optimism about the potential of the child welfare system to effectively support children and families."

There were 24 cases randomly selected for the Northern Region review. The case sample included 14 foster care cases and 10 home-based cases. All five offices in the Region had cases selected as part of the random sample. A certified lead reviewer and shadow reviewer were assigned to each case. Information was obtained through in-depth interviews with the child (if old enough to participate), his or her parents or other guardians, foster parents (if child was placed in foster care), caseworker, teacher, therapist, other service providers, and others having a significant role in the child's life. Additionally, the child's file, including prior CPS investigations and other available records, was reviewed.

II. System Strengths

During the Qualitative Case Review process, many strengths were observed and identified regarding the system and case management. At the conclusion of each two-day review period, the reviewers met together for a debriefing session during which a brief outline of each case and the reviewers' observations were presented and discussed with the other reviewers. As part of the debriefing process, each review team was asked to present two or three strengths on their case that had a positive impact. The list below is a summarized list of strengths identified by the reviewers. This is not an exhaustive list of all the strengths mentioned during the review process.

Engaging

In cases where engaging was a strength:

- The caseworker had 21 other cases. Even with that heavy load, others praised the caseworker for her work.
- Even though the case is closed because the child emancipated from foster care, the caseworker and eligibility worker continued to call the client to encourage her to follow through on her medical appointments because they cared about the child's well-being.
- Many of the partners were very complimentary of the caseworker's work.
- The caseworker was there for the family and responded quickly to phone calls.
- The caseworker was knowledgeable about the individual children. She worked hard to keep the sibling group together.
- The caseworker took care to see that there was a good match between the foster/adoptive parents and the child.
- The caseworker had excellent engagement skills. The family was like best friends with the worker.
- The new worker was seen as the helper in the case. The family feels like the worker really cares and is interested in what's best for the family. The new worker is honoring the family's agenda.
- The caseworker demonstrated good engagement with the child.
- The caseworker had an excellent relationship with parent and child.
- The worker had done an excellent job of engaging the family. The family really likes the worker.

Assessment

In cases where assessment was a strength:

- The team had a great understanding of mom and what her needs are. This helped get the right service array in place.
- There was a well-written Child and Family Assessment document based on use of the Safety Model language regarding threats of harm, child vulnerability, and protective capacity.
- The Child and Family Assessment was really good. Eight additional assessments had been incorporated into the comprehensive assessment.
- The worker had done a good job of assessing the family.

- The assessment was good because it has a lot of information on the mother and father. The worker was also incorporating information about the kin that will be adopting the child into the assessment document.

Teaming

In cases where teaming was a strength:

- The great teaming on the case allowed for good information sharing, which translated into better services to the child.
- The team was always clear that the child needed a family. The team had to get background checks from five different states and they did it.
- DCFS was able to access a ranch style JJS placement. DCFS did not have a contract with the provider but was able use the JJS collaboration to access the placement resource they needed for the child.
- The Drug Court case brought a lot of providers and services to the table automatically as part of that program. Each agency brought something to the table to contribute.
- The face to face teaming with the various providers around the table at the same time produced much more meaningful results. Having done that earlier in the case could have produced better results even sooner.

Planning

In cases where planning was a strength:

- The Child and Family Plan was really excellent. The plan was comprehensive and well written. It identified and addressed the issues that brought the family to the attention of DCFS.
- The case benefited from a well-written plan. The worker used the SAFE plan and individualized it to the family by using more than just the generic federal language.

Services

In cases where the services were a strength:

- The child had been experiencing some good stability working with the same worker, therapist, and caretaker. This has made a big difference in helping a troubled child do really well.
- The child will be able to graduate early due to putting herself ahead of the game by doing extra school packets while she was in a group home.
- The parenting classes and counseling were excellent. The parents were glad they had to do them. It opened the stepfather's eyes to what abuse was and he realized he had been abusive.
- The parents had a problem getting to meetings, so the therapy services were moved to the home to accommodate the parents.
- Good informal supports had been wrapped around the family. The mother could rely on these supports for help with finances and emotional support.
- The parents were able to complete their parenting requirement with the help of a good peer parenting program. The peer parenting program was impressive.

Caregiver

In cases where caregiver functioning was a strength:

- A child who had been bounced from placement to placement was able to be matched with a committed foster parent that has since adopted the child.
- Upon the youth's second entrance into custody, she was placed in the same home she had lived in previously. The child later transitioned into her own home close to the foster home. The foster mother continues to be an informal support to the child after case closure.
- The worker made great use of a kinship preliminary placement, which allowed the child to be placed with family right away. The child had spent a lot of time with the kin over the years. Being able to be placed with them right away added to the child's sense of security and stability during a difficult time.
- Although the foster parents are older, they are vibrant. The region didn't reject them based on their age.

III. Stakeholder Observations

The results of the QCR should be considered within a broader context of local or regional interaction with community partners. The Office of Service Review staff supporting the qualitative reviews interview key community stakeholders such as birth families, youth, foster parents, providers, representatives from the legal community, other community agencies, and DCFS staff. This year the Qualitative Case Reviews in the Northern Region were supported by a total of 11 interviews. There were 10 focus groups: DCFS caseworkers, DCFS Supervisors, Region Administration Team, Quality Improvement Committee, Guardian ad Litem, Assistant Attorney General, Fostering Healthy Children, Juvenile Justice Services, Christmas Box International, and Foster Parents. There was also one individual interview with the DCFS Northern Region Director.

The information from the stakeholder observations has been organized around broad topics discussed during the focus groups and interviews. Obviously, not everyone commented nor agreed on all topics. Where there appeared to be some consensus, the comments are noted:

Collaboration

- Community partners described an improved sense of cooperation and collaboration between DCFS and other allied agencies. There is better coordination of services between the agencies. There is more of a sense of cohesiveness and teamwork. The collaboration has been helpful in finding solutions to help prevent children from having to come into state custody. DCFS is very accessible to community partners.
- Placing youth in the custody of the Department of Human Services has been used as a good alternative for youth who exceed the traditional case management resources of JJS and DCFS.
- The Region is participating in a program called Baby Benefits in partnership with Weber Human Services. The program is for foster children ages 0-3 and their families. The program teaches parents about attachment and engagement skills. Visitation is a centerpiece of the program. They have seen good success with the program.
- Foster parents identified their Resource Family Consultant (RFC) as one of their best resources. RFC's advocate for the foster parents and help them problem solve. The RFC's are great at making foster parents feel valued.
- There is a nurse from Fostering Healthy Children (FHC) assigned to each foster care case. The nurses are a great resource to caseworkers and foster children.

Permanency

- The Region's motto is "A nurturing, safe, and permanent family for each child." Finding permanency for children has been one of the Region's primary goals. Permanency is one of the topics during every staff meeting. The Region has a permanency specialist who is working on "draining the pool" by finding permanent homes for children who have been in care over 24 months.

- The Region has reintroduced the Permanency Committee. The committee discusses children that are languishing in foster care and find resources to move them to permanency. The Permanency Committee is comprised of DCFS employees as well as several community partners that have a vested interest in finding children a permanent family such as the Adoption Exchange. Committee members have diverse backgrounds which broadens the problem solving capabilities.
- The Region has a Visitation Committee that is working on the issue of meaningful visitation between parents and their children. The committee is comprised of DCFS employees as well as community partners such as Mental Health and the Baby Benefits program. Community partners are helping provide a more global, clinical perspective on visitation issues.

Communication

- Supervisor breakout meetings have enhanced communication between administration and supervisors. Region administration is able to send issues to the supervisor group to problem solve. Supervisor Breakout Group is a great resource to share ideas between all the different offices in the Region.
- The working relationship between the AAG's and caseworkers is going well overall. The goal is to maintain an understanding and respect for each other's role.
- DCFS and the Guardian ad Litem's office are always looking at ways to improve communication and have the caseworker understand the needs of the attorneys and the attorneys learn about the concerns of the caseworkers. The managing attorney meets with the Regional Director regularly to address any concerns. This has really opened the door to communication for both parties. DCFS is very accessible to the GAL's. They generally keep each other informed. There is a collaborative effort between the parties to share information and work together to find solutions.
- Foster parents feel supported by administration. If they have a problem they know they can call the supervisor. There is more open communication between the caseworkers and foster parents. There is full disclosure of what is happening in the cases.
- The School District can see great changes in their working relationship with DCFS. There had been a history of being combative. The counselors at the schools are a part of the team and there is a better understanding of the parameters that DCFS has to work within. There is much better communication and the team building is incredible.
- The working relationship between JJS and DCFS is going well. The communication has improved over the past few years.
- There was a communication issue between the schools and the foster parents. One foster parent was still getting notices from the school after the child was no longer placed with them. Another foster parent struggled for four weeks trying to get the foster children enrolled in school. The School District became upset with the foster parent when she went ahead and enrolled the children because she was tired of waiting. She was told she does not have the authority to enroll the children in school. Foster parents that know how to enroll the children in school still depend on the caseworker faxing the required paperwork to the school.

Training

- DCFS uses a variety of trainings to enhance the professional development of the employees. The Region has created its own supervisor training series. It includes how to access and use data in performance management. Their supervisor training will deal with the unique needs and issues of the region.
- DCFS invites community partners to their trainings and participates in a cross-training group which includes JJS, Mental Health, DSPD, Aging, and others. The cross-training allows each agency to explain what they are mandated to do by law, how they work, how they can team together, and what services they can offer to each other. This has helped their working relationship during a time when budget constraints are limiting services.
- Foster parents report that the training for structured foster care has been fabulous. The information from the training was critical in learning how to access resources and foster parents were able to share information with each other. The new foster parents are trained but they cannot understand what it will be like until a child is actually in the home. It is a hands-on process. The RFC and the caseworker need to make sure the parents have phone numbers to call for support.
- Caseworkers would benefit from more training regarding transitional counseling. Some workers do it well and some do not do it at all. Children in shelter care really need the extra help with the transition to a foster home.
- There needs to be mandatory training, after the initial training, about what a court report looks like and what things are needed for the report. The supervisor has to sign off on the court reports so they should be checking for accuracy, completeness, timeliness, etc. Grammar and spelling are sometimes a problem. If it is a court document, it helps credibility if the report is accurate and done well. Supervisors are aware of the concerns over court reports. They are working on timely, accurate and professional reports being done. They are thinking about using the training team to mentor caseworkers that are struggling in this area.

Immersion Days

- Immersion Days have been used to enhance the community's understanding of the role of DCFS. The Region is using Immersion Days to bring more positive recognition to the work that is being done with children and families. It also generates more of a sense of community responsibility in helping families that are working with the Division.
- There has been good attendance and participation from community partners. Most recently, representatives from local school districts and Head Start have participated. This has helped enhance the schools' understanding of the work DCFS does. The Region intends on continuing the Immersion Days and expanding the list of participants.

Teaming

- Foster parents describe being able to call a family team meeting (FTM) if they have questions or concerns. Overall, foster parents feel involved in case planning. Most of the workers want the foster parents' input.
- Some Guardians ad Litem (GAL) indicate they are invited to FTM's and feel like they are part of the team. Some GAL's have not been included as much. The GAL is asked if they have input, but sometimes their input is not included in the minutes. The workers

seldom ask when would be a good time for the FTM that would work with the GAL's schedule.

- There has been some improvement in teaming with local schools. Often it is difficult to have schools at team meetings due to time constraints. The teachers are overwhelmed and don't have time. The counselors and schools want to be involved; however, they usually do not make it to the family team meetings. The meetings are often scheduled at times when they would have to leave their families. Conference calling would help in the middle of the day.
- Healthcare is not always invited to the family team meetings. There was one case pulled for the QCR and suddenly there was a push to have the health care person be part of the team. The nurses want to talk about health care at the family team meetings.
- Administration is tracking the frequency of FTM's and the meetings are being used more often.

Quality Improvement Committee (QIC)

- The QIC is a very strong committee that has a lot of passion and wants to do what is right for children. The committee consists of a diverse group of various agencies and community partners. The relationship between the Region and the QIC committee is very positive. There is a sense that practice improvement is a continual process. There is good communication and autonomy to process ideas and problem solve.
- The QIC committee has worked on caseworker recognition. The committee members used their own resources to show appreciation. The QIC committee is making efforts to bring more media attention to the committee and the role they play. The hope is that media coverage will help encourage more people to get involved.
- DCFS is much more transparent than they have been in the past. The community partners have learned so much about DCFS. The understanding has changed and DCFS is not viewed as just a bureaucracy.
- One challenge the QIC faces in working closely with the Region on projects is the issue of confidentiality related to the cases. For example, some committee members want to help problem solve for children who are struggling with permanency. Review of the case record would be helpful to research possible options based on the child's history. Committee members are not allowed to access the records. The committee has been working with the legal partners to help overcome the obstacle. The committee would like to have the same access as the Foster Care Citizen Review Board use to have. When the committee encounters an obstacle, they work the problem with an expectation that they can overcome the barrier.

Four Day Work Week

- It is positive for the community to be able to reach workers early in the morning and early evening.
- Many partners feel like they can always reach someone at DCFS on Fridays. DCFS has always provided someone on-call. The AAG's office has always had cooperation with being able to reach workers in case of an emergency.

- Foster parents generally cannot get in contact with workers on Fridays. Sometimes an important need or emergency comes up on a Friday. There is a question who to call on the weekend or after hours.
- Occasionally, workers need to work on Friday and Saturday to do visits. There is no security in the buildings and they are worried about safety.

Kinship

- There are resources for kinship placements in the Northern region. There are three people whose sole responsibility is kinship. There is an RFC who only works with kinship homes. There are three to four positions that work only with kinship placements. They do a good job with the home studies and are a great asset to the caseworkers. They have gone around the Region doing trainings. There is a committee that meets once a month and difficult kinship cases are discussed. They are tracking the kinship placements to assess what is working.
- Kinship placements often occur because the family does not want the child in foster care. Occasionally there is not full disclosure from the potential kinship placement because they do not want to risk the child not being placed with family.
- There is a packet that is given to the kin about what is needed, how to get the specified medical grant, the medical appointments that are needed, and the numbers to call. Some kin feel like there is too much required. The running around because of what is needed when a child is first brought into care is a burden to the kin. Applying for Medicaid is difficult to do. The application is eight double-sided pages that must be filled out in order to get Medicaid. The family may not qualify for Medicaid and the child needs medical attention. There have been cases that the family was willing to take a preliminary placement, but after seeing the DWS paperwork for financial and medical assistance, they refuse to do more and don't take the children.
- The congregate care issue often causes workers to make hasty placement decisions. There is such a push to get the child out of shelter so fast that time has not been taken to find an appropriate home. Sometimes good placements are not made because 24 hours is not enough time to assess what is really happening and assess the family and their ability. The kinship placements do not always last. Another removal for the child makes the child feel like this is another removal from their family. Making an immediate placement without good assessments upfront is causing more problems. The kin rush forward to help but do not follow through. They don't want to do all that is required. There is no time to educate the family because there is a rush to place the child immediately. It would help if a shelter placement were five days instead of 24 hours. It is difficult to make a preliminary placement in one day.
- There is a lack of consistency around the state with kin placements. There is a concern that preliminary placement requirements are different than becoming licensed as a foster parent. They work to keep the child with kin and then have to move them because the standard has changed. Many kin do not want to be licensed as foster parents; they just want custody and guardianship.

Budget

- The budget crisis has caused every agency to come together to find the best way to meet the needs of the children. There is a meeting planned for JJS, Mental Health and DCFS to come together with plans and guidelines to help with budget restrictions. They want to be proactive in problem solving. They are assessing who has services in place that can be used. They are coming to the table to problem solve. Head Start and Hill Air Force Base also want to collaborate.
- It is anticipated that the budget cuts with JJS and Mental Health will have a negative impact on caseloads. The budget is creating some tension between DCFS and JJS because they are the two primary custodial agencies. There is a concern that the budget is going to get worse. Right now JJS is looking at having to release a youth whenever a new youth comes into custody because of budget.
- There is concern that the budget cuts are coming immediately following the exit of the lawsuit. Partners don't want services to slide due to cutbacks.
- The schools are seeing a higher stress level in the community because of loss of jobs for families. The schools see children who are acting up and are frustrated, angry and scared because they bring those emotions from home with them to school.
- Licensing is aware of people that are licensed and have lost their jobs. There is a requirement that the family be working and licensing is trying to be flexible. They are keeping in close touch with these families.
- Worker morale is really struggling. This has to do with the overall financial state of the economy and the concern about their jobs. Workers are scared when they hear things on the news regarding potential job cutbacks.
- Judges want to know that the youth getting ready to emancipate are able to care for themselves. Some of the TAL youth are having problems finding jobs. Some were already working and were ready to emancipate and have since lost their jobs. It is harder to resolve issues and this may cause children to stay in care longer.
- One of the Local Interagency Councils (LIC) lost their funding. The Council had included DCFS, Mental Health, JJS, DWS, and DSPD coming together to talk about services for the child. That resource is no longer available for caseworkers. The cutbacks often go to preventive programs. The loss of family preservation services was another major loss of resources to caseworkers.

Resources

- The relationship between DCFS and the Foster Care Foundation is improving. There is good support and communication. They meet together to agree on the needs and goals for the different areas of the region.
- There are not enough foster homes so there is not always a good match available. There are not enough structured foster homes. There are children in high cost care just because there is no foster home available for placement.
- Foster families often have authority and resources that they don't know they have. Mentor foster parents could be a great resource to foster parents who are new to the system. One of the best resources for foster parents is talking to other foster parents. The cluster groups are good for sharing information and resources. One suggestion from

foster parents is to use the Internet to help them share information. Foster parents would love to see some type of chat room to talk if they cannot get to meetings or trainings. There could be a secure site where questions are posted and answers could come from many resources. This type of website could also be beneficial to families providing care for kin. There needs to be some training for foster parents and caseworkers on what resources are available for foster parents. One kinship family struggled because they did not know they could get WIC.

- There is a problem getting drug testing. In one area, it can only be done between noon and 1:00. In another area, clients can only come in between noon and 2:00 for UA's. For every UA, the clients need to pick up the paperwork from the caseworker and go to get the UA. This process often results in the clients having to get off of work to do the UA's.

Language

- There are diverse families in the Region. The Hispanic population is the one worked with most often. There are several Spanish-speaking workers and two of the workers have Spanish as their native language. These workers put in long hours translating plans and helping other workers with language barriers on their caseloads.
- There is a problem getting assessments for Spanish speaking clients. There is only one provider and it is unknown what his assessments entail. American Sign Language is also a need. The agencies rely on one another to help meet this need.
- There are different foster homes with a variety of cultures, languages, and religions. Foster parent trainings are translated into Spanish. Even if the Spanish speaking family can speak English, it is better to have the intensive training taught in their native language. There are barriers with the Office of Licensing in getting Spanish-speaking families licensed. DCFS is good to work with; it is the Office of Licensing that can be difficult.

Caseloads / Workload

- The system is always evolving and they are always looking for better ways to do things. There are good leadership skills in Region administration. They are a very proactive group.
- At the time of the review, the Region was fully staffed and caseloads were considered to be at a manageable level. Turnover is slow because there aren't other jobs to go to. When the Region is fully staffed workers are better able to meet clients' needs.
- From some workers' perspective, the job is not doable. Caseworkers are not allowed to work over 40 hours, but they must get the work done. The Legislature adds to the job tasks but do not add resources or workers. Caseload size will be a barrier if the situation gets worse. Caseworkers have a difficult job. It is hard to not take work home.
- There needs to be more effort on worker retention. It is draining to be a mentor and worker. Changes in caseworkers can be hard on foster parents and children. Even the young children are aware when there is a change in their caseworker.

IV. Child and Family Status, System Performance, Analysis, and Trends

The QCR findings are presented in graphic form to help quantify the observations of the qualitative assessment. Graphs show a comparison of scores for past years' reviews with the current review. The graphs of the two broad domains of Child and Family Status and System Performance show the percent of cases in which the key indicators were judged to be "acceptable." A six-point rating scale is used to determine whether or not an indicator is judged to be acceptable. Reviewers scored each of the cases reviewed using these rating scales. The range of ratings is as follows:

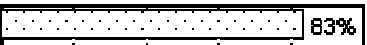
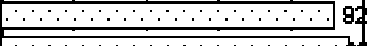
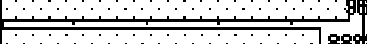
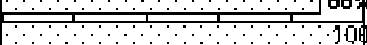
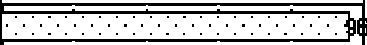
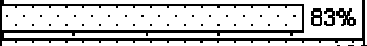
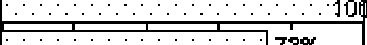
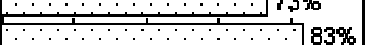
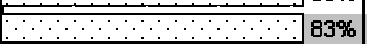


- 1: Completely Unacceptable
- 2: Substantially Unacceptable
- 3: Partially Unacceptable
- 4: Minimally Acceptable
- 5: Substantially Acceptable
- 6: Optimal Status/Performance

Child and Family Status and System Performance are evaluated using 21 key indicators. Graphs presenting the overall, summative scores for each domain are presented below. They are followed by graphs showing the distribution of scores for each indicator within each of the two domains. Later in this section brief comments regarding progress and examples from specific cases are provided.

Child and Family Status Indicators

Overall Status

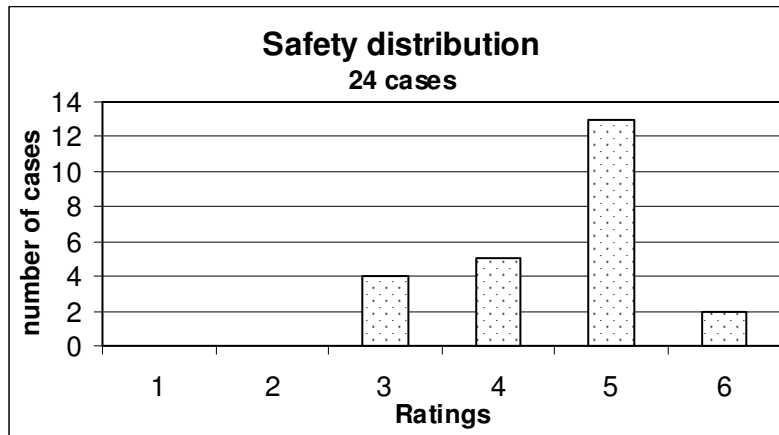
Northern Child Status

	# of cases (+)	# of cases (-)		FY05	FY06	FY07	FY08	FY09 Current Scores	Trends
			Exit Criteria 85% on overall score						
Safety	20	4		96%	96%	100%	96%	83%	
Stability	22	2		92%	75%	83%	70%	92%	
Approp. of Placement	23	1		96%	100%	100%	96%	96%	
Prospects for Permanence	21	3		71%	71%	88%	74%	88%	
Health/Physical Well-being	24	0		100%	100%	100%	100%	100%	
Emot./Behav. Well-being	23	1		75%	92%	92%	91%	96%	
Learning Progress	20	4		83%	92%	92%	91%	83%	
Caregiver Functioning	14	0		100%	100%	100%	100%	100%	
Family Resourcefulness	11	4		76%	71%	82%	80%	73%	
Satisfaction	20	4		100%	96%	92%	96%	83%	
Overall Score	20	4		96%	96%	100%	96%	83%	Decreased and below standard
			0% 20% 40% 60% 80% 100%						

Safety

Summative Questions: Is the child safe from manageable risks of harm (caused by others or by the child) in his/her daily living, learning, working and recreational environments? Are others in the child's daily environments safe from the child? Is the child free from unreasonable intimidation and fears at home and school?

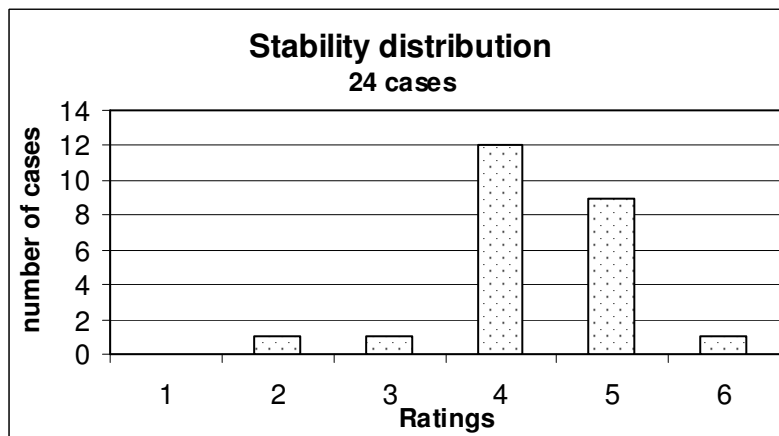
Findings: 83% of cases reviewed were within the acceptable range (4-6). This is a decrease from last year's score of 96%. There were four cases that received an unacceptable score on safety.



Stability

Summative Questions: Are the child's daily living and learning arrangements stable and free from risk of disruption? If not, are appropriate services being provided to achieve stability and reduce the probability of disruption?

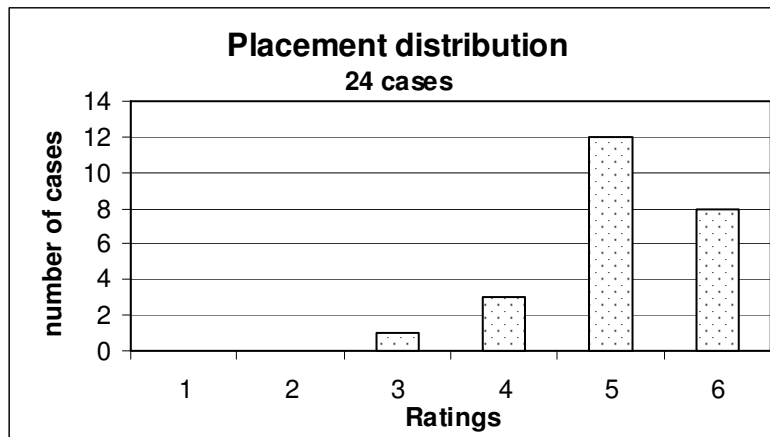
Findings: 92% of cases reviewed were in the acceptable range (4-6). This is a significant increase from last year's score of 70%.



Appropriateness of Placement

Summative Questions: Is the child in the most appropriate placement consistent with the child's needs, age, abilities and peer group and consistent with the child's language and culture?

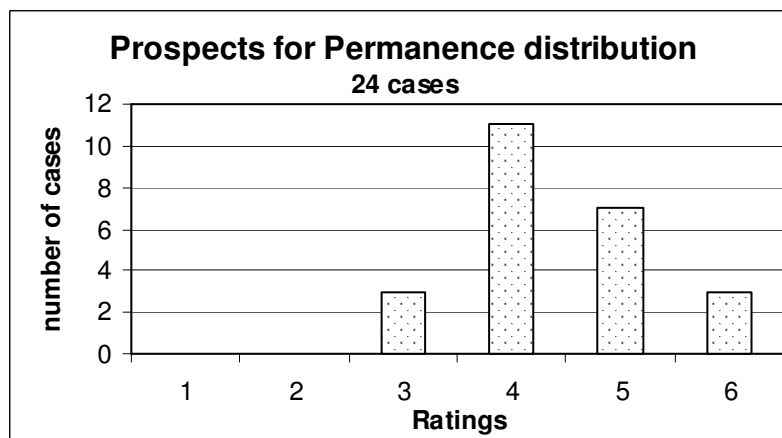
Findings: 96% of cases reviewed were in the acceptable range (4-6). This is the same percentage as last year.



Prospects for Permanence

Summative Questions: Is the child living in a home that the child, caregivers, and other stakeholders believe will endure until the child becomes independent? If not, is a permanency plan presently being implemented on a timely basis that will ensure that the child will live in enduring relationships that provide a sense of family, stability, and belonging?

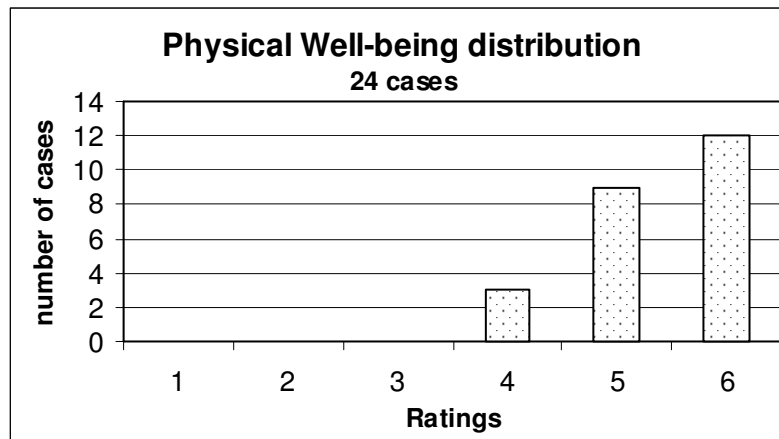
Findings: 88% of cases reviewed were within the acceptable range (4-6). This is a significant increase from last year's score of 74%.



Health/Physical Well-Being

Summative Questions: Is the child in good health? Are the child's basic physical needs being met? Does the child have health care services, as needed?

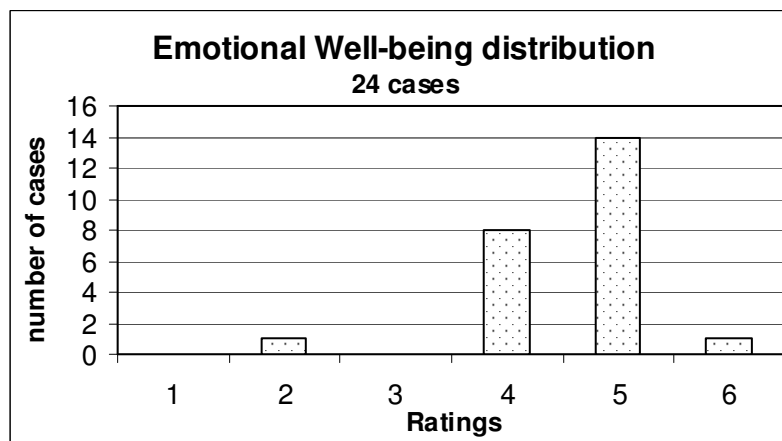
Findings: 100% of cases reviewed were within the acceptable range (4-6). The Region has maintained this excellent rating of 100% for the last ten years.



Emotional/Behavioral Well-Being

Summative Questions: Is the child doing well emotionally and behaviorally? If not, is the child making reasonable progress toward stable and adequate functioning, emotionally and behaviorally, at home and school?

Findings: 96% of cases reviewed were within the acceptable range (4-6). This is an increase from last year's score of 91%.

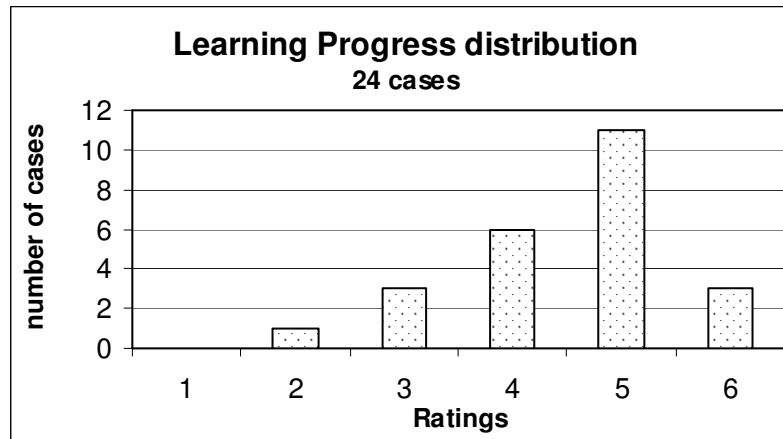


Learning Progress

Summative Question: (For children age five and older.) Is the child learning, progressing and gaining essential functional capabilities at a rate commensurate with his/her age and ability?

Note: There is a supplementary scale used with children under the age of five that puts greater emphasis on developmental progress. Scores from the two scales are combined for this report.

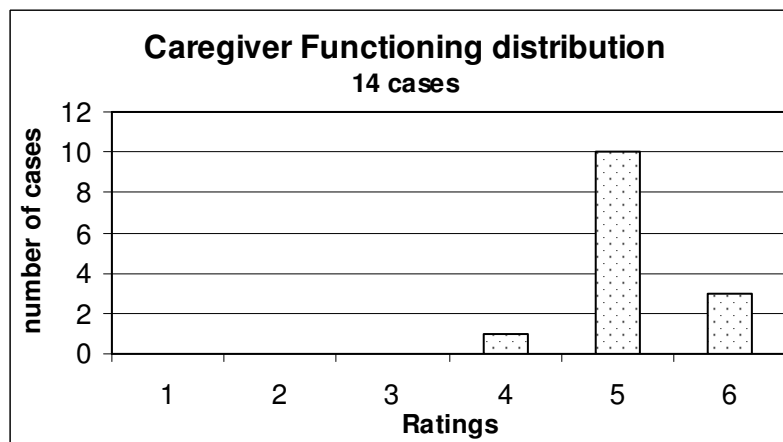
Findings: 83% of cases reviewed were within the acceptable range (4-6). This is a decrease from last year's score of 91%.



Caregiver Functioning

Summative Questions: Are the substitute caregivers with whom the child is currently residing willing and able to provide the child with the assistance, supervision, and support necessary for daily living? If added supports are required in the home to meet the needs of the child and assist the caregiver, are these supports meeting the need?

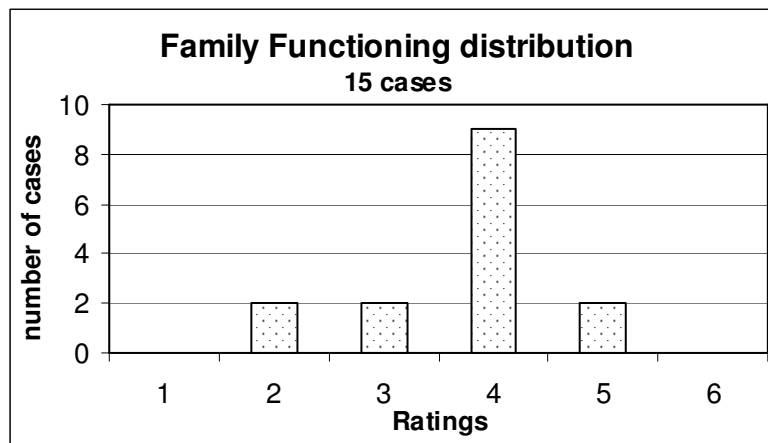
Findings: 100% of cases reviewed were within the acceptable range (4-6). The Region maintained the excellent 100% rating the last six years.



Family Functioning and Resourcefulness

Summative Questions: Does the family with whom the child is currently residing or has a goal of reunification have the capacity to take charge of its issues and situation, enabling them to live together safely and function successfully? Do family members take advantage of opportunities to develop and/or expand a reliable network of social and safety supports to help sustain family functioning and well-being? Is the family willing and able to provide the child with assistance, supervision, and support necessary for daily living?

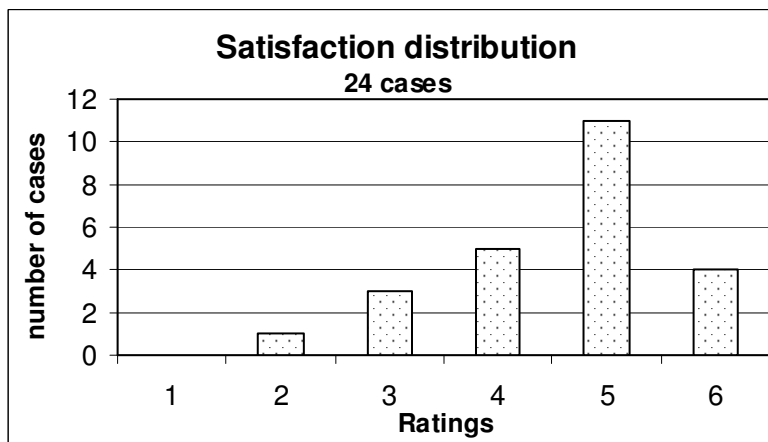
Findings: 73% of the cases that were scored on this indicator were within the acceptable range (4-6). This is a decrease from last year's score of 80%.



Satisfaction

Summative Question: Are the child, parent/guardian, and substitute caregiver satisfied with the supports and services they are receiving?

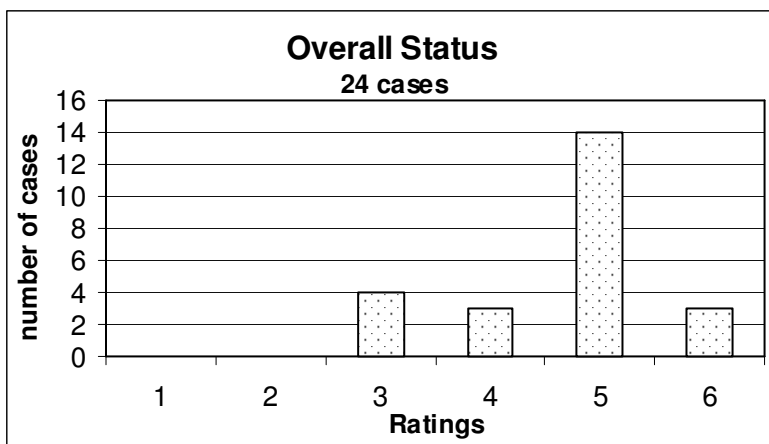
Findings: 83% of cases reviewed were within the acceptable range (4-6). This is a decrease from 96% last year.



Overall Child and Family Status

Summative Questions: Based on the Qualitative Case Review findings determined for the Child and Family Status Exams 1-11, how well are this child and family presently doing? A special scoring procedure is used to determine Overall Child and Family Status using the 6-point rating scale. A special condition affects the rating of Overall Child and Family status in every case: The Safety indicator always acts as a “trump” so that the Overall Child and Family status rating cannot be acceptable unless the Safety indicator is also acceptable.

Findings: 83% of cases reviewed were within the acceptable range (4-6). The overall Child and Family Status score decreased from last year’s score of 96%. There were four cases that rated as unacceptable on overall child status. The cases rated as unacceptable child status due to unacceptable scores on safety.



System Performance Indicators

Overall System

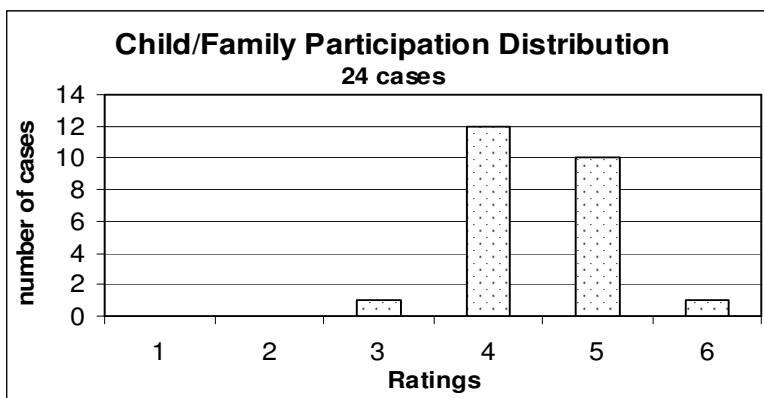
Northern System Performance

	# of cases (+)	# of cases (-)	Exit Criteria 70% on Shaded indicators	FY05	FY06	FY07	FY08	FY09 Current	
			Exit Criteria 85% on overall score					Scores	Trends
C&F Team/Coordination	21	3	88%	75%	71%	83%	83%	88%	Above standards
C&F Assessment	19	5	79%	67%	54%	79%	70%	79%	Above standards
Long-term View	20	4	83%	71%	75%	92%	83%	83%	Above standards
C&F Planning Process	21	3	88%	79%	83%	88%	87%	88%	Above standards
Plan Implementation	22	2	92%	83%	88%	96%	87%	92%	Above standards
Tracking & Adaptation	21	3	88%	88%	83%	96%	78%	88%	Above standards
C&F Participation	23	1	96%	96%	67%	92%	83%	96%	
Formal/Informal Supports	23	1	96%	96%	92%	100%	100%	96%	
Successful Transitions	18	3	86%	83%	82%	83%	91%	86%	
Effective Results	21	3	88%	96%	92%	100%	87%	88%	
Caregiver Support	12	2	96%	92%	92%	100%	93%	86%	
Overall Score	23	1		83%	88%	96%	91%	96%	Above standards
0% 20% 40% 60% 80% 100%									

Child and Family Participation

Summative Questions: Are family members (parents, grandparents, and stepparents) or substitute caregivers active participants in the process by which service decisions are made about the child and family? Are parents/caregivers partners in planning, providing, and monitoring supports and services for the child? Is the child actively participating in decisions made about his/her future?

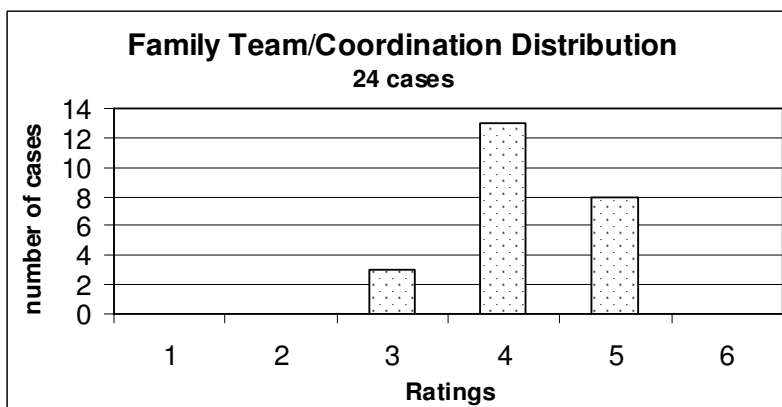
Findings: 96% of cases reviewed were within the acceptable range (4-6). This is a significant increase from last year's score of 83%.



Child and Family Team and Coordination

Summative Questions: Do the people who provide services to the child/family function as a team? Do the actions of the team reflect a pattern of effective teamwork and collaboration that benefits the child and family? Is there effective coordination and continuity in the organization and provision of services across all interveners and service settings? Is there a single point of coordination and accountability for the assembly, delivery, and results of services provided for this child and family?

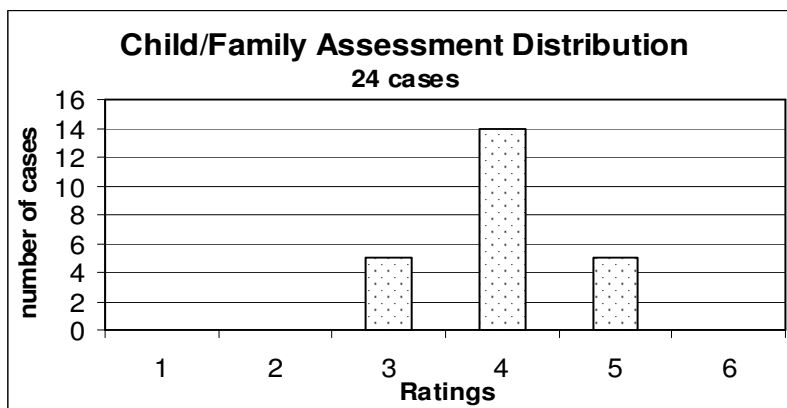
Findings: 88% of cases reviewed were within the acceptable range (4-6). This is an increase over last year's score of 83%.



Child and Family Assessment

Summative Questions: Are the current, obvious and substantial strengths and needs of the child and family identified through existing assessments, both formal and informal, so that all interveners collectively have a “big picture” understanding of the child and family and how to provide effective services for them? Are the critical underlying issues identified that must be resolved for the child to live safely with his/her family independent of agency supervision or to obtain an independent and enduring home?

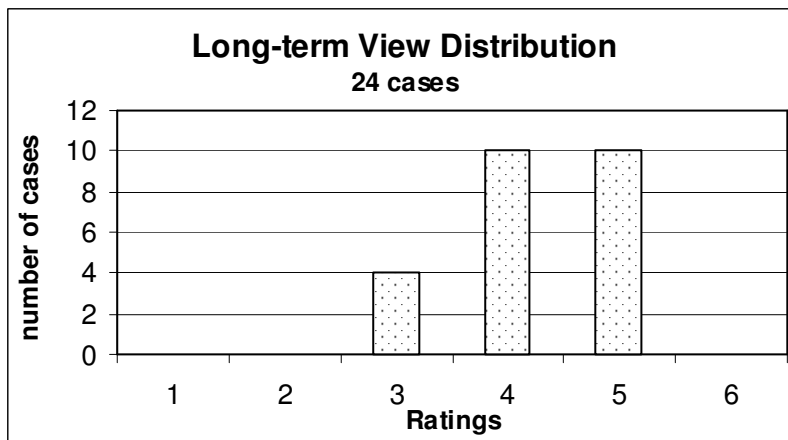
Findings: 79% of cases reviewed were in the acceptable range (4-6). This is an increase from last year’s score of 70%.



Long-Term View

Summative Questions: Is there an explicit plan for this child and family that should enable them to live safely and independent from the child welfare system? Does the plan provide direction and support for making smooth transitions across settings, providers and levels of service?

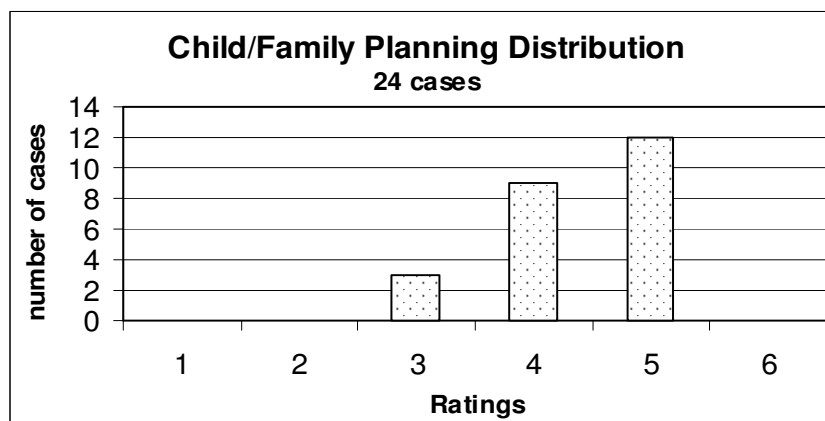
Findings: 83% of cases reviewed were within the acceptable range (4-6). This is the same percentage as last year.



Child and Family Planning Process

Summative Questions: Is the Child and Family Plan individualized and relevant to needs and goals? Are supports, services and interventions assembled into a holistic and coherent service process that provides a mix of elements uniquely matched to the child/family's situation and preferences? Does the combination of supports and services fit the child and family's situation so as to maximize potential results and minimize conflicting strategies and inconveniences?

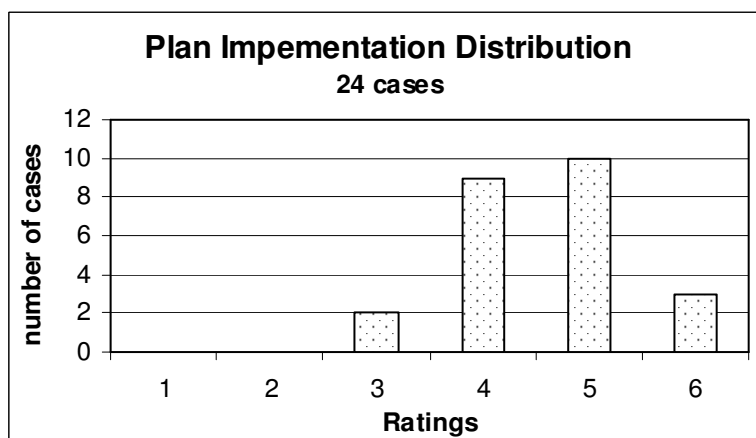
Findings: 88% of cases reviewed were within the acceptable range (4-6). This is a slight increase from 87% last year.



Plan Implementation

Summative Questions: Are the services and activities specified in the child and family plan 1) being implemented as planned, 2) delivered in a timely manner, and 3) at an appropriate level of intensity? Are the necessary supports, services and resources available to the child and family to meet the needs identified in the plan?

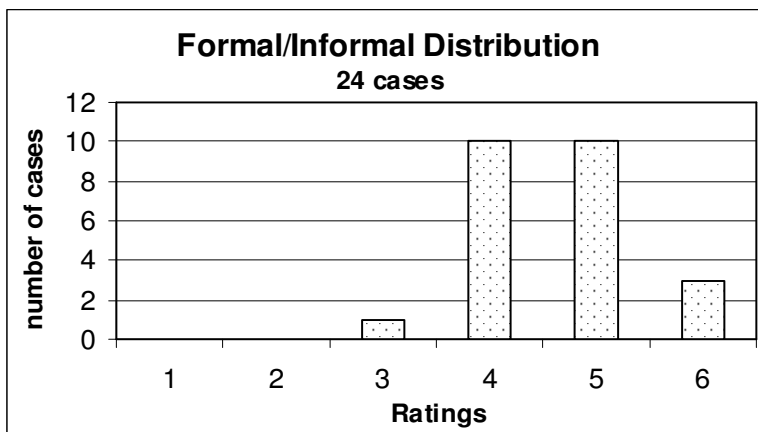
Findings: 92% of cases reviewed were within the acceptable range (4-6). This is an increase over last year's score of 87%.



Formal and Informal Supports and Services

Summative Questions: Is the available array of school, home, and community supports and services provided adequate to assist the child and family reach levels of functioning necessary to achieve the goals of the child and family plan and for the child to make developmental and academic progress commensurate with age and ability?

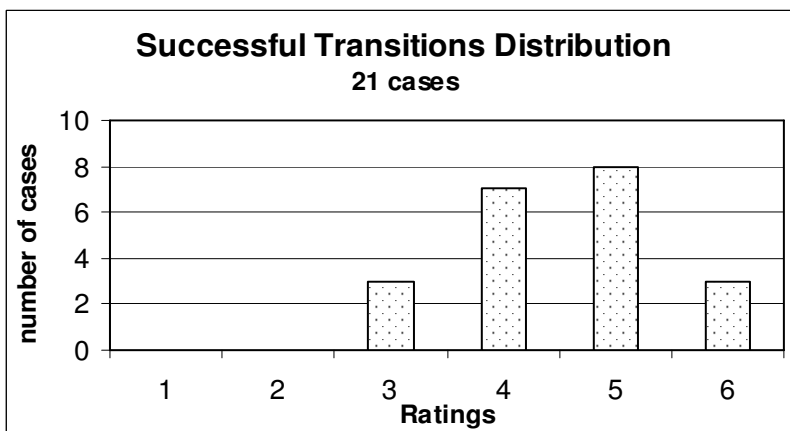
Findings: 96% of cases reviewed were within the acceptable range (4-6). This is a slight decrease from last year's score of 100%.



Successful Transitions

Summative Questions: Is the next age-appropriate placement transition for the child being planned and implemented to assure a timely, smooth and successful situation for the child after the change occurs? If the child is returning home and to school from a temporary placement in a treatment or detention setting, are transition arrangements being made to assure a smooth return and successful functioning in daily settings following the return?

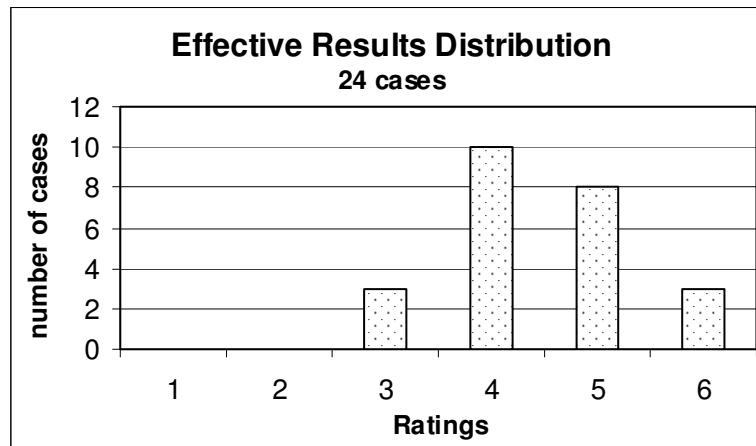
Findings: 86% of cases reviewed were within the acceptable range (4-6) which is a decrease over last year's score of 91%.



Effective Results

Summative Questions: Are the planned education, therapy, services, and supports resulting in improved functioning and achievement of desired outcomes for the child and family that will enable the child to live in an enduring home without agency oversight?

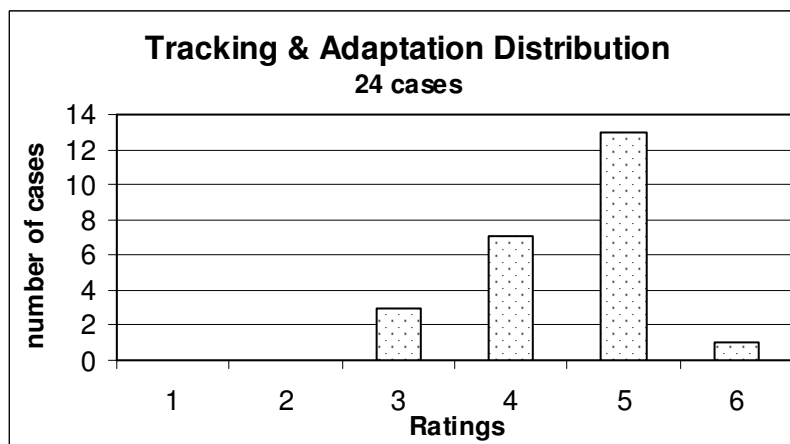
Findings: 88% of cases reviewed were within the acceptable range (4-6). This is a slight increase over last year's score of 87%.



Tracking and Adaptation

Summative Questions: Are the child and family status, service process, and results routinely followed along and evaluated? Are services modified to respond to the changing needs of the child and family and to apply knowledge gained about service efforts and results to create a self-correcting service process?

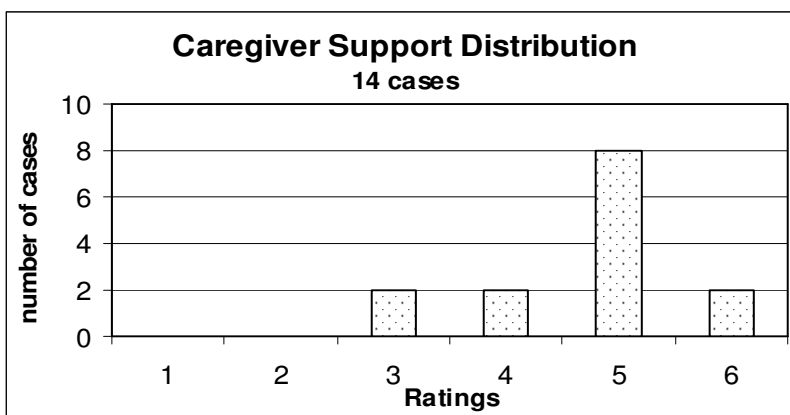
Findings: 88% of cases reviewed were in the acceptable range (4-6). This is an increase over last year's score of 78%.



Caregiver Support

Summative Questions: Are the substitute caregivers in the child's home receiving the training, assistance and supports necessary for them to perform essential parenting or care giving functions reliably for this child? Is the array of services provided adequate in variety, intensity and dependability to provide for caregiver choices and to enable caregivers to meet the needs of the child while maintaining the stability of the home?

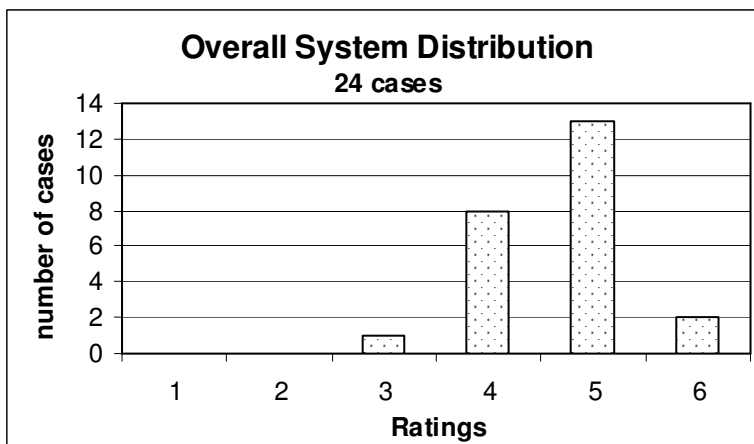
Findings: 86% of cases reviewed were in the acceptable range (4-6). This is a decrease from last year's score of 93%.



Overall System Performance

Summative Questions: Based on the Qualitative Case Review findings determined for System Performance exams 1-11, how well is the service system functioning for this child now? A special scoring procedure is used to determine Overall System Performance for a child.

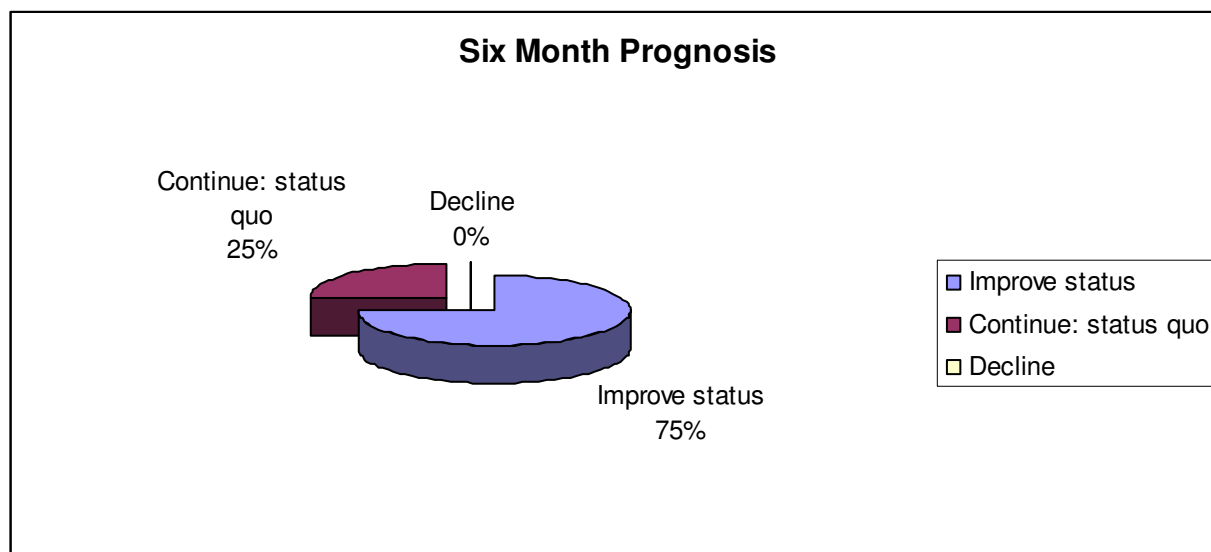
Findings: The Region raised their Overall System Performance score to 96% of cases reviewed being within the acceptable range (4-6). This is an increase from last year's score of 91%. There was only one case that rated as unacceptable on overall system performance.



Status Forecast

One additional measure of case status is the reviewer's prognosis of the child and family's likely status in the next six months, given the current level of system performance. Reviewers respond to this question: "Based on current DCFS involvement for this child, family, and caregiver, is the child's overall status likely to improve, stay about the same, or decline over the next six months?"

Of the cases reviewed, 75% (18 cases) anticipated an improvement in family status over the next six months. In 25% (6) of the cases, family status was likely to stay about the same. There were no cases that were anticipating that the family's status would decline over the next six months.



A case with a prognosis of "likely to improve" over the next six months is considered positive. The question then becomes, what about the cases where it is anticipated that things will "stay about the same" over the next six months? For a family that is doing well, a prognosis of staying about the same could be positive. For a family or child with poor status, it would be negative to be in the same position in six months. The review data indicates that of the six cases with a prognosis of staying about the same over the next six months, four of the cases had acceptable ratings in child and family status. Three of those four cases were rated as substantially acceptable so it would be a positive expectation for those to continue status quo. Two of the six cases had unacceptable child and family status so the forecast of remaining the same is very negative. For the overall Northern Region review, only two cases had a negative prognosis.

Outcome Matrix

The display below presents a matrix analysis of the service testing results during the current QCR. Each of the cells in the matrix shows the percent of children and families experiencing one of four possible outcomes:

- Outcome 1: child and family status acceptable, system performance acceptable
- Outcome 2: child and family status unacceptable, system performance acceptable
- Outcome 3: child and family status acceptable, system performance unacceptable
- Outcome 4: child and family status unacceptable, system performance unacceptable

The desired result is to have as many children and families in Outcome 1 as possible and as few in Outcome 4 as possible. It is fortunate that some children and families do well in spite of unacceptable system performance (Outcome 3). Experience suggests that these are most often either unusually resilient or resourceful children and families, or children and families who have some “champion” or advocate who protects them from the shortcomings of the system. Unfortunately, there may also be some children and families who, in spite of good system performance, do not do well (these children and families would fall in Outcome 2).

The outcome matrix for children and families reviewed during the Northern Region review indicates that 83% of the cases had acceptable ratings on both Child Status and System Performance. There was one case that rated unacceptable on both child status and system performance.

	Favorable Status of Child	Unfavorable Status of Child
	Outcome 1	Outcome 2
Acceptable System Performance	<p>Good status for the child, agency services presently acceptable.</p> <p>n=20 83.3%</p>	<p>Poor status for the child, agency services minimally acceptable but limited in reach or efficacy.</p> <p>n=3 12.5%</p>
	Outcome 3	Outcome 4
Unacceptable System Performance	<p>Good status for the child, agency mixed or presently unacceptable.</p> <p>n=0</p>	<p>Poor status for the child, agency presently unacceptable.</p> <p>n=1 4.2%</p>

Summary of Case Specific Findings

Case Story Analysis

For each of the cases reviewed in Northern Region, the review team produced a narrative shortly after the review was completed. The case story narrative contains a description of the findings, explaining from the reviewers' perspective what seems to be working in the system and what needs improvement. Supplementing the numerical scores, the case stories help to provide insight into how system performance affects important outcomes for particular children and families. The case stories are provided as feedback to the caseworker and supervisor responsible for each case reviewed, and all of the case stories are provided to the Office of Services Review for content analysis and comparison with previous reviews.

The summary of case specific findings provides selected examples of results and practice issues highlighted in the current review. Because some of the results are self-evident or have been stable at an acceptable level, only the key Child Status indicators and core System Performance indicators are included.

Child and Family Status

Safety

The safety indicator represents one of the fundamental responsibilities of the child welfare system and scored 83% in the current review, a significant decrease from 96% scored last year. Although there is no perfect guarantee of safety under any circumstances (within or outside of the child welfare system), safety is more likely when key indicators of system performance are reliably present.

In the cases that had an acceptable score in safety, the safety issues had been identified and addressed in the plan and by the team. One case exemplifies how team members worked together to ensure that the children were kept safe:

Safety is rated six on both [target child's] personal safety and the safety of others around him. The adoptive parents are watchful of incidents that may cause harm to him. For example when the adoptive parents found that some of [target child's] biological family – or biological family friends - had children that attended the elementary school near their home, they arranged for the girls to attend a school that is further away from their home and transport them to school each day. The caseworker created safety plans for each of the children to help them understand what to do in case they encounter any of the biological family members. The safety plans were creative and written on a level that the children could understand. The safety plan was written so that the parents could interact with the children and help them understand how the plan would work and how important following the plan is for them.

There were four cases in which safety was rated as unacceptable. This case example illustrates how an unmanaged safety issue can put a child at risk:

There are a few unmanaged safety risks that are affecting [target child] and his siblings. The recent CPS involvement that investigated the Child Abuse Related Domestic Violence and Emotional Maltreatment is the first concern. In this case it was learned that the domestic violence incident occurred when [mother] took her children to the home of her boyfriend where they witnessed the domestic violence and were told not to tell DCFS or they would be placed in foster care. Mom also has relapsed on meth within the last five months.

It was also reported that [mother] would send her boyfriend to pick up [target child] from school. On several of these occasions [target child] would excitedly greet [boyfriend] and attempt to show him school work he had completed. [Boyfriend] would respond by telling him, "I don't f...ing care" and hit him on the back of the head. It was also reported that [target child] tends to be a bully at school. Grandmother has made efforts to provide a safe home for [target child] and his siblings by kicking [mother] out of the home and keeping the children. However, during the interview it was disclosed by [target child] and his sister that grandmother spansks them with a brown or black belt. This matter was reported to DCFS and is currently being looked into by CPS.

Safety is a "trump" exam meaning that overall child status on each case is acceptable only when safety is rated in the acceptable range. Safety is scored in two separate areas- safety for the child and child risk to others. Of the four cases with the safety indicator rated at unacceptable, one case involved an 18-yr-old that recently emancipated from foster care. Safety for self and others was rated as unacceptable due to reports of domestic violence between the youth and her boyfriend. There were also concerns regarding high risk behaviors such as drinking, drugs, and stopping medications. Another case involved a 16-yr-old residing in a residential placement. Safety to others was the concern due to ongoing assaultive behavior of the youth. There had been numerous assaults, three of which were within 30 days of the review. The youth was not just impulsively hitting others, but she was planning to injure others and recruiting other peers to help her. The third case involved a 5-yr-old that was considered unsafe due to recently being exposed to domestic violence and emotional maltreatment by the mother and her boyfriend. The other caretaker, grandmother, was also being investigated for spanking the child with a belt. The fourth case involved a 6-yr-old that was considered unsafe due to just being involved in a supported physical abuse case. A safety agreement was completed with the perpetrator caretakers, but the safety plan was assessed as being underpowered and the child was still at risk.

Stability

Stability is an important indicator of well-being for children, especially for those in foster care. 92% of the cases represented in the current review scored in the acceptable range which is a significant increase from the 70% from last year on this indicator.

One case story illustrates the worker's efforts to help a child maintain stability by remaining home. A concurrent plan was in place that would still provide for maximum stability should the primary plan be unsuccessful.

[Target child] has been with his mother throughout the course of the case. She has always been his primary caregiver. She spends a great deal of time at her parents' house with [target child]. If [mother] were unable to provide housing for [target child] or was unable to parent [target child], her parents would provide housing and become the caregivers if needed. Given [mother's] progress at the time of the review, it appears she will be able to continue to provide for [target child's] basic needs and be able to keep him safe. Since [mother] has been off methadone, she has been able to maintain a clean home and be a good parent to [target child].

Instability in placements as well as instability in relationships can have a negative impact on a child. One case story illustrates how a child's behavior can make it more difficult for a caseworker to maintain stability for a child.

Within the past 12 months [target child] has resided in three different residential treatment facilities. She has been discharged from two of them due to her assaultive and aggressive behavior. Inasmuch as she has already had an incident of assault at the new placement, there is a good chance she will disrupt her current placement within the next year. During her interview with the reviewers, [target child] adamantly insisted that she would not remain at [residential provider] for more than 4 to 6 months, and if she had to, she would run away. In hindsight it is interesting to note that is about the same amount of time she remained at [another provider] before her behaviors escalated and she disrupted that placement.

Historically, stability scores have been one of the lower child status scores during each of Northern Region's QCR reviews. The Region has done a great job of elevating their stability score. Only two cases had unacceptable ratings on stability. Both of those cases were teenagers (16 and 17 yr olds) currently residing in higher levels of care.

Prospects for Permanence

Permanency is widely recognized as a primary outcome for children in the child welfare system. Performance on this indicator experienced a significant increase from 74% last year to 88% in the current QCR sample.

One of the Northern Region's primary areas of focus has been achieving permanency for children, particularly for children residing in foster care. The Region's motto is "A nurturing, safe, and permanent family for each child." The following case is an example of achieving permanency and connectedness for a child through adoption.

On January 22, 2009, [target child] achieved legal permanence when she was adopted by her foster/adopt family. She lived with them for approximately three years prior to the adoption. Everyone interviewed during the review period wholeheartedly felt that this was a situation that would endure for [target child]. She truly feels like she is a part of the family. She seemed to have an extremely strong bond to both the adoptive mother

and father. She appears to have connected with the grown children of her adoptive parents. She reported that when she attends college, she would like it to be in [another state] because one of her adoptive relatives (either a brother or a cousin) lives there and she really thinks she would like it there. Also, arrangements have been made for one of their daughters to provide care for [target child] should anything happen to the adoptive parents.

We were also told of the relationship [target child] had with the father of her adoptive mother. The adoptive mother was caring for him and he lived for a few years until he recently passed away. [Target child] was a fully participating member of the family for the funeral and even gave a eulogy for him. She mentioned during our interview as well that his room has been turned into a playroom for her and she felt that kept a special connection for her.

The foster parent must also be commended for attempting to encourage [target child's] ties to her biological family. She speaks often with the parents of [target child's] biological sister and attempts to foster contact between the two girls. Unfortunately, at this time, the other girl's parents are not interested in much contact and will only allow one phone call and one card exchange per year. [Target child's] mother, however, said that she will keep trying in the future to secure more visitations. She also allows contact between [target child] and [target child's] biological grandmother. And, on top of all of this, she encourages [target child] to keep scrapbooks of her life and time with other families.

All of this has given [target child] what appears to be a strong sense of self and confidence that she has people that care about her and will be there for her throughout her life.

Inadequate permanency often results when a child is residing with caregivers where the relationship is not expected to endure until the child becomes an adult. The plan for meeting a child's need for permanency is considered unacceptable if the prospects are viewed as uncertain or unrealistic. The following case example demonstrates how the uncertainty about maintaining permanent relationships leads to a negative rating:

Grandmother is very dedicated to the children and is willing to provide them a stable home. In fact she is plan "B" of the long-term view. However, grandmother does not know that she is plan "B" and that DCFS may be counting on her to provide long-term care for [target child] and his siblings. DCFS has had Grandmother complete a BCI, but there are other adults in the home that are unaware that they will need to complete the BCI process.

At this time the team is working toward having the children remain with [mother]. Unfortunately the team feels that it is only a matter of time until she relapses into her old behavior patterns with relationships and/or substance abuse. The therapist reported that [mother] has a cycle that her recent behaviors indicate is starting once again.

Family Functioning and Resourcefulness

The readiness of families to function safely and independently without extensive formal supports is a key long-term indicator of sustainable progress. The score on this indicator experienced a decrease from 80% last year to 73% in the current review. Family Functioning and Resourcefulness was the lowest scoring child status indicator in this review. It was the only status indicator in the 70th percentile.

The family's ability to function and obtain appropriate supportive resources is a strong component of children being able to be safely maintained in their home or being able to be successfully returned home. The case example below exemplifies how a resourceful parent is able to successfully maintain her children in her home.

[Mother] is taking control of the family's issues and situation. The basic needs (food, shelter, clothing, love) are consistently provided for. [Mother] is working on being a sober parent for the first time in her life. She is learning how to meet the demands of her children's education, meeting doctor and dental needs, and following through with appointments. [Mother] is developing connections through work that have been meaningful and helpful to her. [Mother] is aware of the biggest safety concerns for her family: her relapsing on drugs and violent relationships. [Mother] is working hard to maintain her sobriety and has sworn off men, at least for some time. She feels confident she can be successful, and the team feels confident for her as well.

In some cases, a parent's level of functioning can be a barrier that prevents a child from being able to return home safely. Problematic parent functioning was evident in the following case story example:

The mother's level of functioning and resourcefulness is substantially low. She is not ready to take control of her drug addiction. Her attitude and intentions regarding reunification seem to be deteriorating. The mother is totally dependent on her boyfriend for her housing, transportation and support. The mother and boyfriend describe their relationship as getting more stressed over the situation with the children.

The mother and her boyfriend had moved out of the downtown area due to his employment and to get away from the drug scene. This has moved the mother farther away from services and resources that can assist her with completing the plan. There is no public transportation in the area they now reside in and the mother does not have a driver's license. The mother seems to have resigned herself to the idea that her drug problem will continue and she may have her parental rights terminated. One way in which the mother does demonstrate some level of functioning and consistency is coming to the visits each week to see her children. She also attended each of the family team meetings and advocates for herself in those meetings.

System Performance

Child and Family Team and Coordination

The use of child and family teams is a core aspect of the Practice Model and leads to success in many other areas of system performance. The score on this key indicator of system performance increased from 83% to 88%.

Effective teaming was often mentioned as a key element in cases that scored well on overall system performance. The following example illustrates a worker's effective use of teaming.

Even though the family has now relinquished their parental rights, all interviewed confirmed that the caseworker made efforts "above and beyond," to engage with the family, particularly once they left the state. The teaming on this case was excellent. The majority of the team members have remained the same the entire length of the case. There were regular team meetings as well as those called for crisis sorts of needs. The legal partners indicated that they were not always able to attend the team meetings, but the caseworker ensured their input and informed them of decisions/issues. The foster mom felt she is treated as the most important part of the team. She indicated that the caseworker not only communicates with her regularly and seeks her feedback, but schedules team meetings around her schedule whenever possible.

The case below demonstrates how inadequate teaming can lead to dissatisfaction amongst the team members.

Although team members identify themselves as part of the team, they do not see themselves as active participants in the teaming process. One stated that it would have been nice to be consulted before making changes in the case so that input could be provided. Another team member indicated that they have been asked to report the progress of their client, but they have not had input into the case. In both of these cases, the last team meeting they were invited to was at the beginning of the case in October.

The maternal grandmother does not feel like she really has a voice in the case, but she says her son and his wife (uncle and aunt) do. At this point, she does not want one. She is afraid that if she expresses herself at this point, she will jeopardize her relationship with her daughter (the mother).

The Paternal Grandmother said that she does not have a voice in the case. She says she has never been asked what she thinks. She stated that decisions were made since the beginning of the case not to provide reunification with the parents. She said that she had not been invited to a team meeting since the initial meeting in October. At this point, she does not feel she would be heard if she said anything.

Child and Family Assessment

Formal and informal assessments are critical in developing an understanding of the child and family and how to best provide effective services for them. The Region increased their assessment score from 70% last year to 79% in the current review

The following example exemplifies how a great assessment enhanced a team's planning and intervention in a way that helped ensure a child was safe and successful.

The written assessment was complete and included strengths and challenges of the family. It addressed situations that brought Child and Family Services into [target child's] biological family's life and addressed safety, permanency, and well being factors. Key team members knew underlying needs for [target child], including the rejection and abandonment she feels about her mother choosing drug use, male relationships and having more babies over protecting and taking care of [target child], yet also desperately wanting to have contact with her mother and seeking her love. The resulting need for safety and power made gang life appealing and [target child] followed the role model her father provided. [Target child] feels an underlying loyalty and indebtedness towards [ex-boyfriend] for loving her and being a positive influence in her life when she was gang involved. She now feels guilty for not feeling a romantic love for him anymore since her life is going well.

The assessment included many of [target child's] strengths such as being a natural leader, insightful, determination, tenacious, assertiveness, wanting to do her best, resourceful, and having the ability to plan and cultivate positive friendships. The sensitive care she shows her family members had also been noted. [Target child] and her team were aware that she would need to continue to work on anger issues and make up for many life skills she did not have the opportunity to develop growing up with instability and neglect.

The assessment includes key team members' input as well as formal mental health assessments. The key team members had a common 'big picture' view of [target child's] goals and future aspirations. Every team member, except the school counselor, said they had the information and knowledge they needed to help make decisions, find appropriate resources and services, and help develop and adapt a plan that helps [target child] to stay safe, connect with important family members, learn living skills in the dorm, develop positive relationships, and succeed in her goals to graduate from high school, obtain career training, find a job that will support her, and live in an apartment of her own.

The example below shows how lack of a good assessment can lead to poor planning and ineffective results.

[Mother] has not attended therapy since the first week of December 2008. The therapist was able to meet with [mother] only a few times before she decided not to attend anymore. The therapist reported that they had not even begun talking about [mother's] triggers or worked on any coping skills. She believes that underlying issues were never

identified or addressed. She also believes that in addition to her substance abuse issues, [mother] really needs to work on choosing men who will be a positive influence on her and her children. She was very concerned that [mother] was still giving her phone number to men she was meeting in substance abuse treatment.

Although the case had been open six months at the time of the review, neither parent had yet completed a mental health assessment, although each of them had completed the first half of the assessment. DCFS did not yet have therapeutic recommendations for either parent at the time of the review.

Historically, Child and Family Assessment has been the most challenging system performance indicator for the Northern Region. The assessment score has been the lowest system indicator in each review since 2004. Review of the five case stories with unacceptable rating on the assessment indicates several similar concerns. Concerns primarily centered on not knowing the underlying needs, missing critical events, and gaps in information. A few of the cases struggled due to the assessments being at the beginning stages even though the cases had been open for an extended period.

Long-Term View

The Division has worked hard this past year to enhance caseworkers' understanding and use of the Long-Term View. The Northern Region has maintained the 83% rating on Long-Term View for the second year in a row. The following is an example of how a clear primary and concurrent long-term view can help direct a team in their efforts to meet the safety and permanency needs of the children.

The team had a plan that was clearly laid out on how [target child] and his sister would achieve safety and permanency. Services were provided to [father] that addressed the behaviors that threatened the children's safety. Similar services were offered to [mother] in the event that she had been interested.

The team is in the process of executing a nearly perfectly designed concurrent plan. One condition in the case that makes this a nearly perfectly designed concurrent plan is that throughout the process, efforts have been made to minimize the trauma the children might experience. For example, at the time of the CPS investigation the children were living with [grandmother] and [grandfather]. Efforts were made so that the children could remain. Another condition of the well-designed concurrent plan was how well the transitions went. In this case, when it became more apparent that reunification would not be possible, the team transitioned the children to the caregiver selected by the parents. This was a move that could provide for the children's needs for permanency. This transition was well planned so that it would have minimal impact on the children.

Throughout this entire process, the team was working the primary and concurrent plan consecutively. Therefore, the team was ready to shift from the primary to concurrent goal seamlessly. The team was able to ensure that [target child] and [sister's] needs for safety and permanency would be met through the achievement of either the primary or

concurrent goal. This was another example of the well-designed concurrent permanency planning.

As the permanency plan moves forward, the team has anticipated and prepared for what might be the most likely obstacle remaining to the achievement of permanency of the children; the obstacle being that the parents do not go through with their expressed intent to relinquish their parental rights. In the event that this occurs, the legal team members have already prepared a termination petition, which has already been filed. They (the attorneys) are very confident they will prevail in a termination trial if necessary.

An inadequate long-term view can translate to poor planning as illustrated in the following case example.

Most team members share the belief that [residential provider] will be a successful placement for [target child] and within a year or two she will be able to return to her mother. Unfortunately this long-term view is not shared by [target child], who appears determined not to remain at [residential placement] more than four to six months. [Residential provider] is a placement of last resort for her. If she disrupts this placement, no one knows where she could be placed next. At this point there is no concurrent plan. Typically youth with assaultive behavior have the option of being placed through JJS, but that is not so for [target child]. [School] reportedly refused to charge her with assault, saying they would leave that to the parents of the assaulted students. Hence, [target child] does not have a strong enough criminal record to qualify for a JJS placement. At the court hearing, the judge asked the worker to follow up with the Police Department to see if they would investigate and press charges. This issue of not pressing charges is ongoing, as [residential provider] has refused to press charges for the most recent assault while [target child] was placed with them.

Child and Family Planning Process

The Region's score on the Child and Family Planning Process indicator experienced a slight increase from 87% last year to 88% this year. The following case example demonstrates how a relevant plan developed by the team can help produce meaningful results.

The child and family planning process has incorporated what evaluations have been completed thus far. The mix of services has provided for the successes of this case so far and these services are instrumental in the families continued success. This includes the peer parenting and the DWS plan. The parents have had a say in the planning process as evidenced by the mother requesting a change in the gender of the therapist she is seeing and a change in the peer parent that was originally assigned to the family. These changes have led to the overall successes in this case. The plan has been adapted to meet the family needs.

Another case example demonstrates how poor planning and a generic written plan can result in some identified issues going unresolved or not addressed at a sufficient level.

The planning process was partially flawed. The team knew [target child] had problems with anger, they knew she was ending her therapy and they knew she was moving in with a boyfriend yet they did not adequately address these potential indicators of domestic violence before they closed the case. It would have been prudent to have developed a legitimate safety plan before the case was closed. One additional area that the plan could be improved was around medical needs. The needs are very generic, “[target child] will have her health care needs taken care of...”; “[target child’s] medical needs are monitored by....” It would seem much better to talk about her need for good dental hygiene by seeing that she gets seven cavities filled. Also, since she suffers from bi-polar, borderline personality and separation issues, that it is important that she take her medications and attend therapy to address those issues so that she can be successful in her personal relationships.

Plan Implementation

Plan Implementation increased from last year’s score of 87% to 92% this year. A plan that is being implemented in a meaningful way produces measurable results. The following case example demonstrates how a successfully implemented plan can produce positive outcomes.

The plan is consistent with the long-term view and the strengths and wishes of the family. The important aspects of the plan were substantially implemented in a timely manner, including counseling and [target child’s] mother finding employment in the [area]. The intensity of the services was generally sufficient to produce desired results, as evidenced by [target child’s] mother and stepfather’s admitted satisfaction with the counseling and parenting classes. [Target child] was also satisfied with the results of his counseling.

The following case example illustrates how a plan that is poorly implemented produces little to no results, particularly not in a timely manner.

Despite the fact that the plan outlines what is needed for the family to be successful, very little has been done to move in that direction. The team members stated that they felt there has been little to no pressure on [mother] to accept the help offered. They also felt that she has done the bare minimum to prevent DCFS from removing her children. An example of this is that the PSS case has been open for roughly two years, and she is still trying to complete a domestic violence course that should only take five months. [Mother] enrolled in this course at the onset of the PSS case. The team felt that [mother] has become more motivated after her recent relapse and since the CPS case investigating domestic violence. It was the observation of a team member that after the recent CPS case DCFS finally opened a PSS case instead of a voluntary case, and now DCFS has more opportunity to motivate [mother] to take advantage of the services offered.

Tracking and Adaptation

The tracking and adaptation indicator was rated at 88% which is a nice increase over last year's score of 78%. Good tracking and adaptation helps with monitoring progress and adapting to evolving needs as seen in the following case example.

The team has been tracking and adapting throughout this case. Examples include: Helping [target child] find a living arrangement that would help her learn skills to live on her own and helping her graduate from high school early by attending a high school program and also completing packets for high school credits. Helping her explore career options and training programs, and requesting that her criminal record be expunged so she can work in a nursing career. Providing an opportunity for mental health therapy to add additional support even when it was not required as part of her plan. Adapting safety plans and other interventions when potential domestic violence was suspected. The most creative recent adaptation was helping to find a way to fund orthodontic work and false teeth because [target child] is embarrassed about missing teeth.

When a case struggles with tracking and adapting, it often leads to the same initial problems reoccurring. Consider the following example.

This indicator scored below acceptable because the plan for [mother] is to take her to court on a contempt charge as a result of leaving the treatment that she was court ordered to participate in. She will then serve 30 days in jail and come from jail and enter the same treatment program that she left. The problem with this is that nothing has changed. If we do not discover why she left and make some changes, we will likely witness the same result – non-compliance. [Mother] indicated that the treatment program would not let her take her prescribed medication. This was confirmed by the therapist at the treatment facility; due to the narcotic properties of the meds. Melissa takes 4 medications. There are other drugs for [mother's] conditions that she might be able to take at the in-patient treatment program. We also wonder if she has accessed prenatal care for the baby she is caring. There is concern that [mother] continues to drink alcohol and this is so dangerous for her unborn child. If the team does not track and adapt the issues with the [treatment provider] that caused [mother] to leave the program before completion, she will likely fail again. Her issues need to be thoroughly assessed and changes made.

V. Practice Improvement Opportunities

During the Qualitative Case Review process, opportunities for practice improvement were observed and identified regarding the system and case management. At the conclusion of each two-day review period, the reviewers met together for a debriefing session during which a brief outline of each case and the reviewers' observations were presented and discussed with the other reviewers. As part of the debriefing process, each review team was asked to present two or three practice improvement opportunities on their case that could improve case outcomes. The suggestions have been categorized into common themes which are listed below.

Assessment

In cases where assessment needed improvement:

- There was a need to look more closely at the underlying needs for the parents to better assist with case planning.
- The child was struggling in most school subjects. The child needed a good educational assessment and IEP. Additional supportive educational resources would have been beneficial.
- There was a need to assess the underlying needs of the child and father more clearly. The case has been opened for years and they were still at the first stage of gathering information rather than being at a point where they were synthesizing the information and coming up with conclusions.
- The big missing piece was getting to underlying issues of the mother. The mother had completed services just to get out of the DCFS intervention rather than internalizing the services.
- The mother went AWOL from her rehab program and the plan was to send her to jail and then back to the rehab program without an understanding of why she left the program initially.

Teaming

In cases where teaming needed improvement:

- There was a need to get the school more involved in the family team meetings. The child was struggling in school and it would have been especially helpful to include the school.
- The mother was under the impression that she couldn't have anyone with her at the team meetings so she felt ganged up on.
- The worker did not talk to the school and the school was not included on the team. The foster mom had good communication with the school.
- There was a need to pull the team together so they were on the same page. The probation officer and therapist did not share the same sense of what will happen if the parent had one more violation. The team also needed to get together and decide what it would take to have visitation.
- The child had made progress in school but was still a little below average. Until recently, the school had not been a point of contact. The teacher would like to have been involved and felt like he could help out a little more if he could get more information.

Planning

In cases where planning needed improvement:

- The plan was created and just given to the mother. The mother's frustration was that she did not have any say in what was happening.
- The parents felt like they had been coerced into services and they did not have any input into the services. The parents felt like all the services were just court ordered.

Services

In cases where services needed improvement:

- There was a delay in getting the child's immunizations up to date. Follow-up appointments were not happening on time.
- The child had an IEP at his previous school. When child was moved, the IEP did not make it to the new school.
- The child moved back with the mother in December and the child was supposed to be in therapy but had only been seen once by the therapist.
- The child was removed in Bountiful and placed in a shelter home in Logan which was a great distance from the worker and family.
- When the child left custody, she had seven cavities that went unfilled. She had also stopped attending therapy.
- The counseling center never communicated to the worker that the mother had attempted suicide. The information was not relayed due to confidentiality issues. The counseling center instituted a safety plan, but DCFS didn't know about it because they didn't know about the suicide attempt.

Caregiver

In cases where the caregiver functioning needed improvement:

- The licensing process the kinship had to go through was problematic. There was a significant delay in being able to get a foster care payment. The kin had to get their probationary license before they could start the training which created a delay. The kin didn't understand the medical card which caused a delay in the child getting their medical checks done. It has been a financial burden for the family.
- The kinship family had a very difficult time getting Specified Relative assistance for the child.
- The Court placed the child with a family that was not related and unable to get a foster care license due to background check issues. This severely limited their supportive services because they were ineligible for medical assistance, financial support and other foster parent and kinship supportive services.

Long-Term View

In cases where the long-term view needed improvement:

- The father had been left out of the loop. Technically the court had ordered reunification services for the father since last August. There was no plan to address visitation with the father. The situation negatively impacted the long-term view because it was unclear where the father fits into the picture.
- The long-term view was concise but it needed to include some steps to accomplish it.

VI. Analysis of the Data

RESULTS BY CASE TYPE AND PERMANENCY GOALS

The following table compares how the different case types performed on overall system performance. The data also indicates how many scores the case types had in the acceptable scoring range of 4's, 5's and 6's.

Case Type	# in Sample	Rating 4	Rating 5	Rating 6	# Acceptable System Performance	% Acceptable System Performance
Foster Care SCF	14	5	7	2	14	100%
Home-Based PSS	10	3	6	0	9	90%

Both case types achieved scores above the 85% standard. The only case that scored in the unacceptable system performance range was a Home-Based case. Foster Care and Home-Based cases rated about the same within the acceptable range. For Foster Care, 64% of the cases rated as a 5 or higher. For the Home-Based cases, 60% scored a 5 or higher.

The table below compares how each Goal Type performed on overall System Performance. The only Goal Type that did not score 100% was the permanency goal of Remain Home. When comparing Goal Types, cases with a goal of Adoption rated higher than other case goal types with 100% of the cases rating at 5 or higher. In fact, Adoption was the only permanency goal that had cases that rated as a 6 in system performance. The remaining three permanency goals were all comparable ranging from 50% to 67% of the cases rated as a 5.

Goal	# in Sample	Rating 4	Rating 5	Rating 6	# Acceptable System Performance	% Acceptable System Performance
Adoption	4	0	2	2	4	100%
Individualized Permanency	6	2	4	0	6	100%
Remain Home	6	2	3	0	5	83%
Reunification	8	4	4	0	8	100%

RESULTS BY CASEWORKER DEMOGRAPHICS

When comparing the caseworker's caseload size with the positive overall System Performance outcomes, the data indicates that caseload size had no significant impact on the overall system performance rating. Workers with a caseload of 13 to 15 cases tended to score higher ratings with 78% of their cases rated as a 5 or higher. There was no significant difference in how cases rated when a worker had a caseload of either less than 13 or more than 15. For those two caseload categories, 50-60% of the cases rated as a 5.

Caseload Size	# in Sample	Rating 4	Rating 5	Rating 6	# Acceptable System Performance	% Acceptable System Performance
12 cases or less	10	4	5	0	9	90%
13 to 15 cases	9	2	5	2	9	100%
16 cases or more	5	2	3	0	5	100%

As the following chart shows, the caseworker's length of employment in their current position did not produce a significant difference in the percent of acceptable overall system performance scores. Overall, the data suggests that workers with at least one year of experience tend to score higher ratings than workers who have less than one year of experience.

Length of Employment in Current Position	# in Sample	Rating 4	Rating 5	Rating 6	# Acceptable System Performance	% Acceptable System Performance
Less than 12 months experience (< 1 year)	5	3	1	0	4	80%
12 to 24 months experience (1 year)	4	1	2	1	4	100%
24 to 36 months experience (2 years)	4	0	4	0	4	100%
36 to 48 months experience (3 years)	2	1	1	0	2	100%
48 to 60 months experience (4 years)	2	0	2	0	2	100%
60 to 72 months experience (5 years)	3	2	1	0	3	100%
More than 72 months experience (> 6 years)	4	1	2	1	4	100%

RESULTS BY OFFICE AND SUPERVISORS

When the case samples were selected for the review, cases from all five offices in the Northern Region were identified as part of the sample selection. When evaluating acceptable overall System Performance by each individual office in the region, the majority of offices (four) scored at 100%. Office C was the only office with one case that had an unacceptable rating on overall system performance, but they still achieved an impressive score of 92%.

SYSTEM PERFORMANCE						
Office	Total Cases from Office	Rating 4	Rating 5	Rating 6	# Acceptable System Performance	% Acceptable System Performance
A	2	2	0	0	2	100%
B	6	2	4	0	6	100%
C	13	4	7	1	12	92%
D	2	0	2	0	2	100%
E	1	0	0	1	1	100%

A total of fourteen supervisors from throughout the Region participated in this year's review. When evaluating acceptable System Performance by each individual supervisor that participated in the review, the vast majority of the supervisors (thirteen) had acceptable System Performance ratings on 100% of their cases reviewed. Every supervisor that had more than one case selected on their team had one or more of their cases rating as a 5 or higher.

SYSTEM PERFORMANCE							
Supervisor	Office	Total Cases	Rating 4	Rating 5	Rating 6	# Acceptable System Performance	% Acceptable System Performance
A	E	1	0	0	1	1	100%
B	C	2	0	1	0	1	50%
C	C	2	1	1	0	2	100%
D	A	1	1	0	0	1	100%
E	B	1	0	1	0	1	100%
F	B	3	1	2	0	3	100%
G	C	2	0	2	0	2	100%
H	C	1	0	1	0	1	100%
I	A	1	1	0	0	1	100%

J	C	1	0	1	0	1	100%
K	C	2	1	1	0	2	100%
L	D	2	0	2	0	2	100%
M	B	2	1	1	0	2	100%
N	C	3	2	0	1	3	100%

CORE DOMAINS WITH ACCEPTABLE SCORES

For the past four years, Northern Region has maintained an overall System Performance rating above the original exit criteria standard of 85%. The question then became- how are the ratings of 4 (minimally acceptable), 5 (substantially acceptable) and 6 (optimal) trending within the overall successful system performance rating? Below is analysis of the acceptable ratings for all core system indicators (C and F Team/Coordination, C and F Assessment, LTV, C and F Planning Process, Plan Implementation, and Tracking and Adaptation) over the last eight years. In 2005, the Region was below the exit standard at 83%. Since that time, the Region has maintained the average score on core indicators just slightly higher than a 4. The 2009 review is the first time that Northern Region has no core indicators with a rating below 3. When comparing this year's scores with last year's scores, the decrease in cases rated at a 2, 3 or 4 have decreased which corresponds with the increase in cases that scored at a 5.

Totals of All Core Domain Scores									
Year	Percent with a rating of 1	Percent with a rating of 2	Percent with a rating of 3	Percent with a rating of 4	Percent with a rating of 5	Percent with a rating of 6	Overall Percentage of Acceptable	Avg of Acceptable System Perform. Scores	Avg Score of All Core Indicators
2002	6%	14%	28%	24%	24%	3%	51%	4.6	3.56
2003	2%	14%	35%	34%	15%	0%	49%	4.3	3.45
2004	0%	7%	29%	39%	22%	3%	64%	4.4	3.85
2005	0%	3%	20%	37%	34%	6%	77%	4.6	4.21
2006	0%	3%	22%	49%	24%	3%	76%	4.4	4.02
2007	0%	1%	10%	43%	40%	6%	89%	4.6	4.40
2008	0%	3%	16%	48%	30%	4%	81%	4.5	4.15
2009	0%	0%	14%	43%	40%	3%	86%	4.5	4.32

VII. Summary and Recommendations

Summary

The Northern Region had some excellent outcomes in their performance on the Qualitative Case Review for 2009. On the Child and Family Status indicators, only one indicator (Family Functioning and Resourcefulness) scored in the 70th percentile while the other nine status indicators scored in the 80th percentile and higher. Two status indicators (Health/Physical Well-being and Caregiver Functioning) were maintained at an excellent 100% level and the Appropriateness of Placement indicator was maintained at 96%. The Region experienced increases in three other status indicators (Stability, Prospects for Permanence, and Emotional/Behavioral Well-being) with Stability and Prospects for Permanence having an impressive double digit increase. Stability experienced the largest increase with a remarkable 22-point jump. Of the 10 Child and Family Status indicators, four indicators (Safety, Learning Progress, Family Functioning and Resourcefulness, and Satisfaction) experienced a decrease over last year's scores. The largest decreases were in Safety and Satisfaction with a 13-point drop each. Of the total 24 cases in the review, four cases had unacceptable ratings on Safety which resulted in a score of 83% on Safety. Because Safety is considered the "trump" indicator, the Safety score directly impacted the overall Child and Family Status score. The overall Status score decreased from 96% last year to 83% for this year's review. The overall Child and Family Status rating was below the standard of 85%.

The Region elevated the Overall System Performance rating to 96%. Overall System Performance increased five points with only one case rating as unacceptable. The Region did an impressive job of maintaining the six core system indicators (Child and Family Team/Coordination, Child and Family Assessment, Long-term View, Child and Family Planning Process, Plan Implementation, and Tracking and Adaptation) well above the 70% standard for core indicators. Of the six core system indicators, one (Long-term view) was maintained at the 83% score from last year while the other five core indicators experienced an increase over last year's scores. Two system indicators (Tracking and Adaptation and Child and Family Participation) experienced double digit increases with one (Child and Family Participation) increasing 13 points over last year's score. Three of the 11 system indicators (Formal/Informal Supports, Successful Transitions, and Caregiver Support) experienced a slight decrease from last year's scores. Caregiver support experienced the largest drop at 7 points but still scored at 86%.

At the beginning of this fiscal year, there was potential for the David C. lawsuit to be dismissed with prejudice by the end of December 2008. After fifteen years of oversight by the Federal Court and Court appointed monitor, Utah's child welfare system had dramatically improved, making the state a model for the nation. The Division had been able to sustain the mechanisms, systems, and resource allocation set forth in the exit agreement. By official order of the Honorable Judge Tena Campbell, the David C. V. Leavitt, et al lawsuit was dismissed with Prejudice in an order that was signed on January 5, 2009. The Northern Region has been a major part of this unprecedented, historic advance in Child Welfare practice.

Recommendations

- 1) In regards to Child Status performance, the Region had been successfully maintaining the overall Child Status score well above the 85% standard since 2002. This year the overall Child Status score dropped below the standard to 83% due to the four cases that rated as unacceptable on the Safety indicator. Careful review of the four case stories regarding the circumstances that resulted in the unacceptable ratings on Safety would be beneficial in formulating training opportunities regarding safety issues. Suggested emphasis could include managing safety risks through team safety agreements and team safety planning.
- 2) In regards to the System Performance, the Region has maintained system performance scores above the standard for the last three years. All of the core indicators as well as all other system indicators scored well above 80% except one core indicator. The Child and Family Assessment indicator has been the lowest scoring system performance indicator since 2004. It is recommended that the Region continue to focus improvement efforts on sustaining this core indicator above the standard line. Careful review of the five case stories with Child and Family Assessments that rated as unacceptable would be beneficial. The concerns raised by reviewers regarding those assessments could translate into training opportunities that may assist the Region in their efforts to continue to maintain this critical core indicator above the standard.

VIII. APPENDIX

I. Background Information

The Division of Child and Family Services (the Division) completed a comprehensive plan for the delivery of services to families and children in May 1999 entitled The Performance Milestone Plan (the Plan) pursuant to an order issued by United States District Court Judge Tena Campbell. On October 18, 1999 Judge Campbell issued an order directing the Division as follows:

- The Plan shall be implemented.
- The Child Welfare Policy and Practice Group (the Child Welfare Group) shall remain as monitor of the Division's implementation of the Plan.

The Plan provided for four monitoring processes. Those four processes were: a review of a sample of Division case records for compliance with case process requirements, a review of the achievement of action steps identified in the Plan, a review of outcome indicator trends and, specific to the subject of this report, a review of the quality of actual case practice. The review of case practice assesses the performance of the Division's regions in achieving practice consistent with the practice principles and practice standards expressed in the Plan, as measured by the Qualitative Case Review (QCR) process.

The Plan provided for the QCR process to be employed as one method of assessing frontline practice for purposes of demonstrating performance sufficient for exit from the David C. Settlement Agreement and court jurisdiction. Related to exit from qualitative practice provisions, the Division must have achieved the following in each Region in two consecutive reviews:

- 85% of cases attain an acceptable score on the child and family status scale.
- 85% of cases attain an acceptable score on the system performance scale, with core domains attaining at least a rating of 70%.

The Plan anticipated that reports on the Division's performance, where possible, will be issued jointly by the Child Welfare Group and the Division, consistent with the intent of the monitor and the Division to make the monitoring process organic to the agency's self-evaluation and improvement efforts.

On June 28, 2007, Judge Tena Campbell approved an agreement to terminate the David C. lawsuit and dismiss it without prejudice. This ended formal monitoring by the Court Monitor and changed the focus of qualitative case reviews. Rather than focusing on whether or not a region meets the exit criteria, the primary focus is now on whether the region is advancing or declining with a secondary focus on whether the region is above or below standard, with the 85% and 70% levels that were part of the exit criteria being the standards. Particular attention is drawn to indicators that show a "marked decline," which is a decline of 8.34 percent or more from the standards set forth in the Milestone Plan.

II. Practice Principles and Standards

In developing the Plan, the Division adopted a framework of practice, embodied in a set of practice principles and standards. The training, policies, and other system improvement strategies addressed in the Plan, the outcome indicators to be tracked, the case process tasks to be reviewed, and the practice quality elements to be evaluated through the QCR process all reflect these practice principles and standards. They are listed below:

Protection	Development	Permanency
Cultural Responsiveness	Partnerships	
Organizational Competence	Professional Competence	

In addition to these principles or values, the Division has express standards of practice that serve both as expectations and as actions to be evaluated. The following introduction and list is quoted directly from the Plan.

Though they are necessary to give appropriate direction and to instill significance in the daily tasks of child welfare staff, practice principles cannot stand alone. In addition to practice principles, the organization has to provide for discrete actions that flow from the principles. The following list of discrete actions, or practice standards, have been derived from national practice standards as compiled by the CWPPG, and have been adapted to the performance expectations that have been developed by DCFS. These practice standards must be consistently performed for DCFS to meet the objectives of its mission and to put into action the above practice principles. These standards bring real-life situations to the practice principles and will be addressed in the Practice Model development and training.

- 1. Children who are neglected or abused have immediate and thorough assessments leading to decisive, quick remedies for the immediate circumstances, followed by long-range planning for permanency and well-being.*
- 2. Children and families are actively involved in identifying their strengths and needs and in matching services to identified needs.*
- 3. Service plans and services are based on an individualized service plan using a family team (including the family, where possible and appropriate, and key support systems and providers), employing a comprehensive assessment of the child and family's needs, and attending to and utilizing the strengths of the child and his/her family strengths.*
- 4. Individualized plans include specific steps and services to reinforce identified strengths and meet the needs of the family. Plans should specify steps to be taken by each member of the team, time frames for accomplishment of goals, and concrete actions for monitoring the progress of the child and family.*

5. *Service planning and implementation are built on a comprehensive array of services designed to permit children and families to achieve the goals of safety, permanence and well-being.*
6. *Children and families receive individualized services matched to their strengths and needs and, where required, services should be created to respond to those needs.*
7. *Critical decisions about children and families, such as service plan development and modification, removal, placement and permanency are, whenever possible, to be made by a team including the child and his/her family, the family's informal helping systems, foster parents, and formal agency stakeholders.*
8. *Services provided to children and families respect their cultural, ethnic, and religious heritage.*
9. *Services are provided in the home and neighborhood-based settings that are most appropriate for the child and family's needs.*
10. *Services are provided in the least restrictive, most normalized settings appropriate for the child and family's needs.*
11. *Siblings are to be placed together. When this is not possible or appropriate, siblings should have frequent opportunities for visits.*
12. *Children are placed in close proximity to their family and have frequent opportunities for visits.*
13. *Children in placement are provided with the support needed to permit them to achieve their educational and vocational potential with the goal of becoming self-sufficient adults.*
14. *Children receive adequate, timely medical and mental health care that is responsive to their needs.*
15. *Services are provided by competent staff and providers who are adequately trained and who have workloads at a level that permit practice consistent with these principles.*

III. The Qualitative Case Review Process

Historically, most efforts at evaluating and monitoring human services such as child welfare made extensive, if not exclusive, use of methods adapted from business and finance. Virtually all of the measurements were quantitative and involved auditing processes: counting activities, checking records, and determining if deadlines were met. Historically, this was the approach during the first four years of compliance monitoring in the David C. Settlement Agreement. While the case process record review does provide meaningful information about accomplishment of tasks, it is at best incomplete in providing information that permits meaningful practice improvement.

Over the past decade there has been a significant shift away from exclusive reliance on quantitative process oriented audits and toward increasing inclusion of qualitative approaches to evaluation and monitoring. A focus on quality assurance and continuous quality improvement is now integral not only in business and in industry, but also in health care and human services.

The reason for the rapid ascent and dominance of the “quality movement” is simple: it not only can identify problems, it can help solve them. For example, a qualitative review may not only identify a deficiency in service plans, but may also point to why the deficiency exists and what can be done to improve the plans. By focusing on the critical outcomes and the essential system performance to achieve those outcomes, attention begins to shift to questions that provide richer, more useful information. This is especially helpful when developing priorities for practice improvement efforts. Some examples of the two approaches may be helpful:

AUDIT FOCUS:

“Is there a current service plan in the file?”

QUALITATIVE FOCUS:

“Is the service plan relevant to the needs and goals and coherent in the selection and assembly of strategies, supports, services, and timelines offered?”

AUDIT FOCUS:

“Were services offered to the family?”

QUALITATIVE FOCUS:

“To what degree are the implementation of services and results of the child and family service plan routinely monitored, evaluated, and modified to create a self-correcting and effective service process?”

The QCR process is based on the Service Testing™ model developed by Human Systems and Outcomes, Inc., which evolved from collaborative work with the State of Alabama, designed to monitor the R. C. Consent Decree. The Service Testing™ model has been specifically adapted for use in implementing the Plan by the Division and by the court monitor, the Child Welfare Group, based on the Child Welfare Group’s experience in supporting improvements in child welfare outcomes in 11 other states. Service Testing™ represents the current state of the art in

evaluating and monitoring human services such as child welfare. It is meant to be used in concert with other sources of information such as record reviews and interviews with staff, community stakeholders, and providers.

The Utah QCR process makes use of a case review protocol adapted for use in Utah from protocols used in 11 other states. The protocol is not a traditional measurement designed with specific psychometric properties. The QCR protocol guides a series of structured interviews with key sources such as children, parents, teachers, foster parents, Mental Health providers, caseworkers, and others to support professional appraisals in two broad domains: Child and Family Status and System Performance. The appraisal of the professional reviewer examining each case is translated to a judgment of acceptability for each category of functioning and system performance reviewed using a six-point scale ranging from “Completely Unacceptable” to “Optimally Acceptable.” The judgment is quantified and combined with all other case scores to produce overall system scores.

The Utah QCR instrument assesses child and family status issues and system performance in the following discrete categories. Because some of these categories reflect the most important outcomes (Child and Family Status) and areas of system functioning (System Performance) that are most closely linked to critical outcomes, the scoring of the review involves differential weighting of categories. For example, the weight given permanence is higher than for satisfaction. Likewise, the weight given Child and Family Assessment is higher than the weight for successful transitions. These weights, applied when cases are scored, affect the overall score of each case. The weight for each category is reflected parenthetically next to each item. The weights were chosen by Utah based upon their priorities at the time the protocol was developed.

<u>Child and Family Status</u>	<u>System Performance</u>
Child Safety (x3)	Child/Family Participation (x2)
Stability (x2)	Team/Coordination (x2)
Appropriateness of Placement (x2)	Child and Family Assessment (x3)
Prospects for Permanence (x3)	Long-Term View (x2)
Health/Physical Well-Being (x3)	Child and Family Planning (x3)
Emotional/Behavioral Well-Being (x3)	Plan Implementation (x2)
Learning Progress (x2) OR,	Supports/Services (x2)
Learning/Developmental Progress (x2)	Successful Transitions (x1)
Caregiver Functioning (x2)	Effective Results (x2)
Family Functioning/Resourcefulness (x1)	Tracking Adaptation (x3)
Satisfaction (x1)	Caregiver Support (x1)
Overall Status	Overall System Performance

The fundamental assumption of the Service Testing™ model is that each case is a unique and valid test of the system. This is true in the same sense that each person who needs medical attention is a unique and valid test of the health care system. It does not assume that each person needs the same medical care, or that the health care system will be equally successful with every patient. It simply means that every patient is important and that what happens to that individual patient matters. It is little consolation to that individual that the type of care they receive is *usually* successful. This point becomes most critical in child welfare when children are

currently, or have recently been, at risk of serious harm. Nowhere in the child welfare system is the unique validity of individual cases clearer than the matter of child safety.

Service Testing™, by aggregating the systematically collected information on individual cases, provides both quantitative and qualitative results that reveal in rich detail what it is like to be a consumer of services and how the system is performing for children and families. The findings of the QCR will be presented in the form of aggregated information. There are also case stories written at the conclusion of the set of interviews done for each case. They are provided to clarify the reasons for scores assigned, to offer steps to overcome obstacles or maintain progress, and as illustrations to put a “human face” on issues of concern.

Methodology

Cases reviewed were randomly selected from the universe of the case categories of out-of-home (SCF), Protective Family Preservation (PFP) services, Protective Services Supervision (PSS), and Protective Service Counseling (PSC) in the Region. These randomly selected cases were then inserted into a simple matrix designed to ensure that critical facets of the Division population are represented with reasonable accuracy. These variables stratified the sample to ensure that there was a representative mix of cases of children in out-of-home care and in their own homes. Cases were also distributed to permit each office in the Region to be reviewed and to assure that no worker had more than one of his/her cases reviewed. Additional cases were selected to serve as replacement cases, a pool of cases used to substitute for cases that could not be reviewed because of special circumstances (AWOL child, lack of family consent, etc).

The sample thus assured that:

- Males and females were represented.
- Younger and older children were represented.
- Newer and older cases were represented.
- Larger and smaller offices were represented.
- Each permanency goal is represented.

A total of 24 cases were selected for the review, and 23 cases were reviewed. There was one case that was pulled for review, and just before the review was to take place, the parent withdrew his consent to have the child interviewed. Since the child could not be interviewed, this case was not reviewed.

Reviewers

Due to the recent approval of the agreement between the parties to the David C. Lawsuit and the cessation of formal monitoring, no reviewers from the Child Welfare Group participated on this review. Reviewers were all from Utah and were drawn from the Office of Services Review, DCFS, and community partners.

Stakeholder Interviews

As a compliment to the individual case reviews, the Office of Service Review staff interview key local system leaders from other child and family serving agencies and organizations in the Region about system issues, performance, assets, and barriers. These external perspectives provide a valuable source of perspective, insight, and feedback about the performance of Utah's child welfare system. In some years, focus groups with DCFS staff, consumer families, youth, foster parents, or other stakeholders are a part of this aspect of the review process. Their observations were briefly described in a separate section.